MEDICARE/MEDICAID NURSING HOME INFORMATION

1988-1989

MICHIGAN

Part 2

Jackson-Zeeland

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 59 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

Table of Contents

Introduction I

Uses and Limitations II

Description of the Survey and Certification Process IV

Sources of Information V

Further Considerations XV

Glossary of Terms XVIII

How to Read the Information XX

Alphabetical Index of Nursing Homes XXV

Nursing Home Profiles 1

Nursing Home Survey Report Form .... Appendix

INTRODUCTION

The Health Care Financing Administration is the Federal agency responsible for the Medicare and Medicaid programs. We have a responsibility to provide the public with a wide range of information about the health care paid for through these programs. This second edition of the Medicare/Medicaid Nursing Home Information report is part of our continuing commitment to provide needed information to the public in an understandable and usable form.

Clearly, nursing homes are an area of critical concern to many Medicare and Medicaid beneficiaries, their families and the public in general. There is no more important area where information is needed to help consumers make informed decisions and to provide the health care community with information on its performance. The information should also be helpful to a wide range of individuals and organizations, including nursing home administrators, physicians, ombudsmen and researchers. Among these audiences, we expect that the nursing home administrator and ombudsman will find the information most useful, primarily as a screening tool to evaluate a facility's strengths and weaknesses. We present this information in the hope that it will serve the public and nursing homes in their common interest of improving quality of care.

As with the 1987/1988 edition of Medicare/Medicaid Nursing Home Information, this publication provides extensive information on individual nursing homes. It also provides background materials on Federal and State enforcement programs. This year we are including information concerning State or Federal compliance actions taken against a facility as a result of either of its last two surveys. Each State has identified a specific organizational contact and phone number for handling public inquiries about any compliance actions. In addition, this year's report includes 2 years of survey results for each of the selected 32 performance indicators. It also contains a list of Federal requirements that each facility failed to meet during its latest survey that most directly affect resident care. This provides a more complete look at the nursing home's recent performance history.

Please keep in mind that the primary purpose of this report is to provide a solid basis for further inquiry. It is neither the final, definitive word on nursing home performance nor a comprehensive guide to the selection of a nursing home. When properly understood and used, this information can be quite valuable; it can also be misleading if interpreted incorrectly. To use the information properly, you should read the introductory material carefully, particularly the sections on uses and limitations and how to read the profiles. These sections will assist you in correctly interpreting and making the best use of the material.

Because we recognize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals ask questions and obtain additional information to assist them in making personal decisions about nursing homes.

We realize that the task of selecting the most appropriate nursing home for an individual's needs is not an easy one. You will find this information to be a valuable source document. We trust that with better information, you will make better decisions about health care issues.

Gail R. Wilensky

Gail R. Wilensky, Ph.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes the conditions observed in the nursing home at the time of its most recent survey.
It includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and consumer ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers and/or their families might ask in the course of selecting a nursing home.

We expect that nursing homes individually and as an industry will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care rendered by a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

The information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

Finally, the information in this report does not reflect any changes in Federal requirements resulting from recent changes in the law. The new laws and regulations that would affect the content of this report will be effective on October 1, 1990.

DESCRIPTION OF SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) nursing homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. States also pay a share of the cost of surveying facilities that participate in the Medicaid program. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, varies in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the nursing home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home must submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or Agency on Aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State long-term care ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureau, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State/Federal Compliance Actions

A compliance action is any penalty imposed on a facility as a result of its inspection findings. These penalties could include a variety of actions under State licensure laws, such as the imposition of a fine, the revocation of a facility's license, or in the case of a penalty imposed on a facility as a result of a direct Federal survey, a ban on admissions. Given the possible number and types of actions (penalties) available to each State, it is impossible to describe here what specific actions may have been taken against a particular facility. Please see the following State specific information for further details regarding compliance actions available to individual States and how to contact the State survey agency for information about a compliance action in a particular facility. Refer to block 7 at the top of page 1 of each Nursing Home profile to determine if the facility was subject to a compliance action.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

STATE OF MICHIGAN

JAMES J. BLANCHARD, Governor

DEPARTMENT OF PUBLIC HEALTH

3423 N. LOGAN
P.O. BOX 30195, LANSING, MICHIGAN 48909

OVERVIEW OF NURSING HOME LICENSURE PROGRAM

Overall Purpose

- To protect the health, safety, and welfare of nursing home patients,
- The enhance accessibility and quality of care,
- To ensure medical accountability for reimbursed care for facilities that are participating in federal or state programs,
- To coordinate regulation with other state agencies to minimize the burden placed upon facilities, and
- To provide the public with information about nursing homes

Organizational Structure

The licensure program is administered by the Michigan Department of Public Health, Bureau of Health Facilities, Division of Licensing and Certification. Licensure and Medicare/Medicaid certification for homes is performed by 5 teams of health professionals, 3 of which are based in Lansing and cover the outstate areas, and 2 of which are based in Detroit and cover the Detroit metropolitan area.

General Procedures

Because licensed facilities are also eligible for Medicaid or Medicare certification, we combine our licensure and certification procedures to eliminate duplication of effort.

The general licensure procedure involves the following steps:

(A) Facilities requesting an initial license or certification, or renewing them, must submit an application and pay the required licensure fee. Supporting documents with detailed information about physical facilities, operation, and staffing are often required.

(B) The facility is then scheduled to be surveyed by a health department team from appropriate disciplines. The time of the survey is not announced in advance, so the surveyors see the facility in its normal day-to-day condition. The survey team determines whether the facility is deficient in meeting certain state or federal standards.

(C) The application and supporting documents, and the citation of deficiencies (if any) are reviewed by a Licensing Officer. The Licensing Officer decides whether the facility will be licensed, or certified, or both.

OVERVIEW OF ENFORCEMENT SYSTEM

Deficiencies may result in a request for a plan of correction; or, if the deficiencies are serious or long-standing, enforcement action is initiated. If we request a plan of correction, it must be practical and reasonable, and must assure completion of the plan, and if the deficiencies are not corrected, enforcement may then be undertaken.

In an enforcement action, we seek to assure compliance with state and federal requirements, and to protect the health, safety, and welfare of patients.

Our department is responsible for enforcement actions related to licensure, including use of one or more ofthe following options:

- Denial, limitation, suspension or revocation of license
- Ban on admission of new patients
- Placement of the facility in receivership
- Fines
- Transfer of patients other facilities
- Correction notice (legal order) to force correction of deficiencies by a specific date
- Immediate closure

The option(s) chosen depend on the particular situation. In general, the correction notice option is used first; if it fails, other options are invoked.

If nursing home deficiencies are related to Medicaid certification requirements, enforcement action is undertaken by the Department of Social Services upon our recommendation. If the problem concerns Medicare certification, we recommend enforcement action to the federal government.

RESOURCES AVAILABLE TO CONSUMERS

1. Michigan Department of Public Health
   Bureau of Health Facilities
   Division of Licensing and Certification
   3423 N. Logan, P. O. Box 30195
   (517) 335-8505

   This is the agency responsible for survey and state licensure and Medicare and Medicaid certification of nursing homes and other health facilities.

   Available Information:

   - Directory of nursing homes in Michigan
   - Copies of survey reports for specific homes (the latest survey report is also posted in each nursing home)
   - General information on nursing homes, including state licensure rules, patient "bill of rights", etc.

   Nursing home complaints:

   Complaints against Michigan nursing homes can be submitted in writing to the above address, or by calling the following numbers. Complainant identity is confidential under Michigan law.

In Michigan TOLL FREE	1-800-517-882-6006 Anytime
Outside Michigan	(517) 335-8511

   Information regarding Compliance Actions

   For those nursing homes listed in this report as having had a state or federal compliance action completed, further information on the action can be obtained from:

   Mr. Paul Phelps
   (517) 335-8505
   or in writing to the above address

2. Michigan Department of Social Services
   Medical Services Administration
   P. O. Box 30037
   Lansing, MI 48909
   (517) 335-5500

   This is the state Medicaid agency responsible for Medicaid payments to health care providers and general administration of the Medicaid program. Applications for Medicaid assistance for individuals are handled by county departments of social services.

   For General Information:
   In Michigan Toll Free 1-800-638-6414
   Outside Michigan 1-517-335-5150

3. Michigan Department of Attorney General
Health Care Fraud
6520 Mercantile Way, Suite 3
Lansing, MI 48913
(517) 334-6020

This office investigates fraud involving Medicaid recipients and health care providers.

4. Office of Services to the Aging
611 W. Ottawa - Third Floor
P. O. Box 30026
Lansing, MI 48909
(517) 373-8230

This office provides a variety of programs and services for senior citizens.

5. State Long Term Care Ombudsman Program
Citizens for Better Care
1627 E. Kalamazoo Street
Lansing, MI 48912
(517) 482-1297
(800) 292-7852 (Michigan only, answering machine on after business hours)

A statewide network of placement information and services, complaint resolution assistance, and community education is available from the Michigan Long Term Care Ombudsman program.

Placement information and services include:

--listings of all nursing homes in Michigan which contain the number of beds and certification levels, name, address, and telephone number of each home

--copies of all state inspection reports for nursing homes and homes for the aged

--materials on "how to choose a nursing home", financing care, and alternatives to nursing home care

--referral to other long term care facilities and community services for the care of the chronically ill or dependent adults

Complaint resolution assistance focuses on responding to any problem, question or concern which faces a resident of nursing homes, home for the aged or adult foster care homes.

Ombudsman staff is available for community education presentation on a variety of topics from how to choose a home, to how to select a long term care insurance. A free quarterly newsletter is available through the State Ombudsman office. A number of other pamphlets, including a Resident's Rights brochure, are available.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies include:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that the health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The regional AoA offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-2977

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
21st Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 33
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of the OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Regional Manager, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Regional Manager, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Regional Manager, OCR
DHHS Region III
3535 Market Street
P.O. Box 13716
Room 6300
Philadelphia, PA 19101
(215) 596-1262

Regional Manager, OCR
DHHS Region IV
101 Marietta Tower
Room 1502
Atlanta, GA 30323
(404) 331-2779

Regional Manager, OCR
DHHS Region V
16th Floor
105 West Adams Street
Chicago, IL 60603
(312) 886-2359

Regional Manager, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Regional Manager, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Regional Manager, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2024

Regional Manager, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Regional Manager, OCR
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 11
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of the HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
JFK Federal Building
Room 1211
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
26 Federal Plaza
Room 3821
New York, NY 10278
(212) 264-1121

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-6571

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
101 Marietta Tower, Suite 601
Atlanta, GA 30323
(404) 331-2361

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
15th Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-9805

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
1200 Main Tower Building
Room 2000
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 242
601 East 12th Street
Kansas City, MO 64106
(816) 426-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Federal Office Building, Room 1185
1961 Stout Street
Denver, CO 80294-3538
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-3679

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2201 Sixth Avenue, Mail Stop RX 42
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State:

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina South Carolina and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VIII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected.
- Ask whether the facility has been surveyed since the survey described in the report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and how much choice residents have as to the time they get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Note how the rooms accommodate individual resident preferences.
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.
- Ask about how the resident or family is involved in care planning decisions.

Food

- Ask at what times meals are served and whether snacks are available. Ask if residents have flexibility about when meals are served and what is served? Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?
- Ask about how individual activity preferences are encouraged and supported by the facility.

Glossary of Terms

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities, and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions. Another term for a bowel and bladder control problem is "incontinence."

Respiratory Care. A resident with trouble breathing may need assistance, which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Physical restraints are devices attached or adjacent to the body which restrict freedom of movement or normal access to one's body. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms. Use of drugs to control behavior is often called chemical restraints.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See Bed Sore.

Suctioning. A resident who is unable to cough up fluids or mucous in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving an individual from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
STATESBORO NURSING HOME

Street Address:		**City and State:**	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

The first 4 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self explanatory
Street Address:	Self explanatory
City and State:	Self explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities conduct rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private"; these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious - A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private - A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other - A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary - A nursing home operated for profit.

Government - A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

Compliance Action: The information in this block indicates whether or not the nursing home has had any action taken against it by either the State or the federal government as a result of either of the last two inspections. If there is a "YES" in this block, refer to the State specific information in the front of this book for details on specific actions that can be taken against a nursing home and how to contact the State for further information about the nursing home in question. Please note that if a more recent inspection has been conducted, a compliance action may have been revoked subsequent to the publication of this report. Likewise, a more recent inspection might result in a compliance action which was taken after publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

	FACILITY		STATE	NATION
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	82.9	82.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing". Following is an explanation of information provided in the profile:

Column 1 - Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 - Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 - State, %: Indicates that, in the State where the nursing home is located, 82.9% of all residents in similar facilities require assistance in bathing.

Column 4 - Nation, %: Indicates that, for the nation as a whole, 82% of all residents in similar facilities require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	5	4.1	232	2.3

The "Selected Performance Indicators," section of the profile tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare and/or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements during its two most recent inspections by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Columns 1 and 2 - Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area. Column 1 shows information from the 87/88 survey cycle. N/A in column 1 means "not applicable" indicating the facility was not participating in the Medicare and/or Medicaid programs at the time of the 87/88 Medicare/Medicaid Nursing Home Information release. Column 2 shows information from the 88/89 survey cycle.

Column 3 - State, #: Indicates that there were 5 similar facilities in the State that did not perform satisfactorily in this area.

Column 4 - State, %: Indicates that the 5 facilities that did not perform satisfactorily represent 4.1% of the similar facilities in the State.

Column 5 - Nation, #: Indicates that there were 232 similar facilities in the nation that did not perform satisfactorily in this area.

Column 6 - Nation, %: Indicates that the 232 facilities that did not perform satisfactorily represent 2.3% of all similar facilities in the nation.

Note: The information in columns 3-6 applies only to the most recent set of surveys.

EXAMPLE

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

The final section of the profile, "Listing of Facility Deficiencies", lists each of the Federal requirements that the facility failed to meet during its recent survey and that most directly affect resident care. A full statement of each requirement is contained in the nursing home survey report form, a copy of which can be found at the end of this volume. To determine the nature of a deficiency, consult the survey report form and match the listed code number(s) with the number(s) located in the left-hand column of the form.

Alphabetical Index of Nursing Homes

Facility Name	*Page*
ABBEY CONVALESCENT CENTER	737
ALAMO NURSING HOME	25
ALEXANDER CONTINUING CARE CTR	521
AMERICANA HEALTHCARE CENTER	77
APPLEWOOD MANOR	233
APPLEWOOD NURSING CENTER INC	825
ARBOR MANOR CARE CENTER	637
ARGENTINE CARE CENTER	133
AUTUMN WOODS RESIDENTIAL HLTH CARE FAC	741
AUTUMNWOOD OF MCBAIN	229
AVONDALE CONV CTR	501
BALMORAL SKILLED NURSING CTR	721
BARAGA COUNTY MEMORIAL HOSPITAL LTCU	81
BAYWOOD NSG HOME	173
BAYWOOD NURSING HOME	177
BEACH NURSING HOME	265
BEVERLY MANOR CONV CTR	633
BIRCHWOOD NURS CTR	705
BIRCHWOOD NURSING CENTER	209
BORGESS NURSING HOME	29
BORTZ HEALTH CARE OF OAKLAND	445
BORTZ HEALTH CARE OF PETOSKEY	421
BORTZ HEALTH CARE OF ROSE CITY	517
BORTZ HEALTH CARE OF TRAVERSE CITY	709
BORTZ HEALTH CARE OF WARREN	745
BORTZ HEALTH CARE OF WEST BLOOMFIELD	777
BORTZ HEALTH CARE OF WEST BLOOMFIELD	781
BORTZ HEALTH CARE OF WEST BRANCH	797
BORTZ HEALTH CARE OF YPSILANTI	837
BRIDGEWOOD CARE CENTER	429
BROOKHAVEN	325
BROOKHAVEN CARE CENTER	33
CAMBRIDGE NURS CENTE-EAST	185
CAMELOT HALL CONVALESCENT CENTRE	141
CHERRYWOOD NURSING AND LIVING CENTER	649
CHIPPEWA COUNTY WAR MEMORIAL HOSP	601
CHRISTIAN CONV HOME	329
CHURCH OF CHRIST HEALTH CENTER	293
CLINTONAIRE NURSING CENTRE	297
COUNTRYSIDE CARE CENTER	1
COUNTRYSIDE NURS HOME	609
CRESTVIEW MANOR	829
CTY & COUNTRY CONV HOME OF STOCKBRIDGE	665
DEBOER NURS HMES	333
DORVIN CONV NURSING CTR	145
EVANGELICAL HOME	593
EVANGELICAL HOME PORT HURON	461
EVANGELICAL HOME STERLING HEIGHTS	653
EVERGREEN HILLS NURSING CENTER	841
FAITH HAVEN CARE CENTER	5
FAITH MEDICAL CARE CENTER	561
FERGUSON CONV HOME	117

Alphabetical Index of Nursing Homes

Facility Name	*Page*
FISHER CONVALESCENT HOME	225
FOUR CHAPLAINS CONVALESCENT CENTER	801
FRENCHTOWN CONVALESCENT CENTER	269
FRIENDSHIP VILLAGE	37
FROH COMMUNITY HOME	669
FULTON MEDICAL CARE CENTER	417
GILBERT OLD PEOPLES HOME FOR YPSILANTI	845
GLENWOOD CHRISTIAN NURSING HOME	97
GOGEBIC CO MEDICAL CARE FAC	733
GOOD SAMARITAN HOME,THE	237
GRAND TRAVERSE CO MCF	713
GREENBRIAR NURSING HOME	661
GREENBROOK MANOR	273
HAVEN PARK NH	849
HAZEL I FINDLAY COUNTRY MANOR	577
HELEN NEWBERRY JOY HOSP	361
HERITAGE HEALTHCARE CENTRE	853
HERRICK NH	693
HILLCREST NURSING CENTRE	337
HILLSIDE MANOR	41
HOPE NURSING CARE CENTER	805
HOYT NURSING HOME	529
HURON WOODS NURS HOME	73
INGHAM COUNTY MEDICAL CARE FACILITY	393
IOSCO CO MEDICAL CARE FACILITY	673
ISABELLA CO MEDICAL CARE FACILITY	309
JACKSON CO MEDICAL CARE FACILITY	9
JEWISH HOME FOR AGED NO 1	621
KALKAKA MEM HEALTH CTR	69
KELSEY MEM HOSP-ECF	93
KNOLLVIEW MANOR	341
LAHSER HILLS NSG CTR	625
LAKE ORION NURSING CENTER	89
LAKE VIEW COMMUNITY HOME	125
LAPEER COUNTY MEDICAL CARE FACILITY	121
LEELANAU MEMORIAL HOSP SNF	377
LINCOLN HAVEN HEALTHCARE CENTRE	129
LITCHFIELD MANOR CARE	137
LIVONIA CONV HOME	149
LOURDES	449
LOWELL MEDICAL CARE CTR	169
LUTHER MANOR	533
LUTHERAN HOME FOR AGED	277
MACKINAC STRAITS HOSPITAL & HEALTH CTR	573
MANISTEE HEIGHTS CARE CENTER	189
MANISTEE MEDICAL CARE FACILITY	193
MAPLE MANOR NURSING CTR	397
MAPLE VALLEY NURSING HOME	201
MARIAN MANOR MEDICAL CENTER	481
MARLETTE COMM HOSP LTCU	205
MARLIN MANOR	13
MARSHALL MANOR	217

Alphabetical Index of Nursing Homes

Facility Name	*Page*
MARTHA T BERRY MEDICAL CARE FACILITY	301
MARTIN LUTHER MEMORIAL HOME	617
MARTIN LUTHER SAGINAW HOME	537
MARTIN LUTHER-SO HAVEN HOME	613
MARWOOD MANOR INC	465
MARY AVENUE CARE CENTER	101
MARY JAMES NURSING HOME	285
MARYCREST MANOR	153
MEDILODGE OF RICHMOND	477
MEDILODGE OF ROMEO HOME NO 1	509
MEDILODGE OF YALE	833
MEMORIAL HOSPITAL LTCU,THE	413
MERCY BELLBROOK	493
MIDDLEBELT NURSING CENTRE	157
MIDMICHIGAN REGIONAL MEDICAL CENTER	241
MIDMICHIGAN STRATFORD PINES NURSING HM	245
MONROE CONV CENTER	281
MONTROSE CONVALESCENT HOME	289
MT PLEASANT TOTAL LIVING CENTER	313
MT VERNON NURSING CENTER	629
NIGHTINGALE NORTH N H	657
NIGHTINGALE NURSING HOME EAST	749
NIGHTINGALE WEST	809
NORLITE NURSING CENTER	213
NOVI CARE CENTER	385
OAKLAND CARE CENTER	525
OAKLAND CTY MEDICAL CARE FACILITY	453
OAKVIEW MCF	181
ODD FELLOW AND REBEKAH HOME	17
ONTONAGON MEMORIAL HOSPITAL LTCU	401
ORCHARD LAKE RESTHAVEN	785
ORTONVILLE N H	405
OVID CONV MANOR	409
PARK MANOR CARE CENTER	345
PARK NURSING CTR	681
PEACHWOOD INN	497
PINE KNOLL CONVALESCENT CTR	685
PINECREST MEDICAL CARE FACILITY	469
PLAINWELL PINES NURSING CENTRE	433
PLEASANT MANOR INC	317
PLYMOUTH COURT	437
PONTIAC NURSING CTR	457
PROVINCIAL HOUSE	605
PROVINCIAL HOUSE KALAMAZOO	45
PROVINCIAL HOUSE MARSHALL	221
PROVINCIAL HOUSE MIDLAND	249
PROVINCIAL HOUSE SOUTH	105
PROVINCIAL HOUSE TOT LVG CTR	49
REED CITY HOSPITAL LTCU	473
RIDGEVIEW MANOR	53
RIVER FOREST NH	697
RIVERGATE CONV CENTER	485

Alphabetical Index of Nursing Homes

Facility Name	*Page*
RIVERGATE TERRACE	489
RIVERIDGE MANOR	365
ROGERS CITY HOSPITAL LTCU	505
ROMEO NURSING CENTER	513
ROOSEVELT PARK NURSING CENTRE INC	349
ROSELAWN MANOR	109
ROUBALS N H	645
SAGINAW COMMUNITY HOSP SNF	541
SAGINAW GERIATRICS HOME	545
SANDY CREEK NURSING CENTER	757
SANILAC MEDICAL CARE FACILITY	597
SCHEURER HOSPITAL	425
SCHNEPP NURSING HOME	585
SCHOOLCRAFT MEDICAL CARE FACILITY	197
SHERMAN OAKS CARE CTR	353
SHOREHAM TERRACE	581
SILVERBROOK MANOR	369
SISTERS OF BON SECOURS NRSNG CARE CNTR	565
ST ANTHONY NURSING CTR	753
ST FRANCIS HOME	549
ST JOSEPH'S LVING CC CLINTON-EAST	305
ST JUDE CONVALESCENT CENTER	161
ST MARYS NH	569
STANDISH COMMUNITY HOSP	641
STAR MANOR OF NORTHVILLE	381
SUN VALLEY MANOR	553
SUPERIOR SHORES NURSING CTR	321
TAYLOR TOTAL LIVING CENTER	689
TENDERCARE PORTAGE	57
TENDERCARE SAGINAW	557
TENDERCARE TAWAS CITY	677
TENDERCARE TRAVERSE CITY	717
TENDERCARE WEST	113
THREE RIVERS MANOR	701
TOWN COUNTRY NH	253
UNIVERSITY CONV NURSING HOME	165
UNIVERSITY PARK CARE CENTER	357
UPJOHN COMM NURSING HOME	61
VENOY CONTINUED CARE CENTER	761
VISTA GRANDE VILLA	21
WAYNE CONVALESCENT CENTER	765
WAYNE LIVING CENTER FOR DD	769
WAYNE LIVING CTR NURSING CARE	773
WEST BLOOMFIELD NURSING & CONV CTR	789
WEST HICKORY HAVEN	257
WEST TRAIL NURSING HOME	441
WEST WINDS NURSING HOME	725
WESTBROOK MANOR	65
WESTGATE MANOR NH	589
WESTLAND CONV CTR	813
WHITEHALL CONV HOME	389
WHITEHALL MANOR	817

Alphabetical Index of Nursing Homes

Facility Name *Page*

WHITEOAK MANOR NURSING CENTER........ 261
WHITMORE LAKE CONV CTR........821
WIL MAR NURSING HOME........729
WINDEMERE........793
WINKLER NURSING HOME........ 85
WOODFIELD MANOR INC........373

NURSING HOME PROFILE
COUNTRYSIDE CARE CENTER

Street Address: 2121 ROBINSON RD	**City and State:** JACKSON, MI 49203

Participation: MEDICAID ICF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	98.3	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	53	91.4	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	48	82.8	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	82.8	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	72.4	64.6	59.1
Residents on individually written bowel and bladder retraining program.	3	5.2	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	51.7	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	19	32.8	43.1	40.9
Residents requiring restraints.	31	53.4	39.4	30.9
Confused or disoriented residents.	42	72.4	64.1	55.4
Residents with bed sores.	1	1.7	6.4	4.8
Residents receiving special skin care.	10	17.2	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F126 F127* F134 F170 F174 F175

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FAITH HAVEN CARE CENTER

Street Address: 6531 W MICHIGAN		**City and State:** JACKSON, MI 49201	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
86	17	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	86.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	79	91.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	72	83.7	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	84.9	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	83.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	36	41.9	38.6	39.1
Completely bedfast residents.	1	1.2	2.4	3.2
Residents confined to chairs.	9	10.5	54.6	52.3
Residents requiring restraints.	44	51.2	45.8	40.4
Confused or disoriented residents.	58	67.4	59.8	58.6
Residents with bed sores.	7	8.1	11.4	7.6
Residents receiving special skin care.	48	55.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F131* F132* F134 F170 F175 F180 F199
F260 F263 F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JACKSON CO MEDICAL CARE FACILITY

Street Address: 1715 LANSING AVE		**City and State:** JACKSON, MI 49202	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 194	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
192	11	172

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	138	71.9	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	165	85.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	152	79.2	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	89.1	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	145	75.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	1.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	50	26.0	38.6	39.1
Completely bedfast residents.	8	4.2	2.4	3.2
Residents confined to chairs.	118	61.5	54.6	52.3
Residents requiring restraints.	63	32.8	45.8	40.4
Confused or disoriented residents.	77	40.1	59.8	58.6
Residents with bed sores.	25	13.0	11.4	7.6
Residents receiving special skin care.	50	26.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F114 F123* F124 F126 F127* F128*
F129* F131* F132* F134 F175 F176 F179 F180
F181* F199 F237* F242* F257 F262 F314 F321
F324* F340* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARLIN MANOR

Street Address: 434 W NORTH ST		**City and State:** JACKSON, MI 49202	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	11	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	74.7	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	79	83.2	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	63	66.3	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	62.1	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	63.2	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	24.2	38.6	39.1
Completely bedfast residents.	1	1.1	2.4	3.2
Residents confined to chairs.	39	41.1	54.6	52.3
Residents requiring restraints.	41	43.2	45.8	40.4
Confused or disoriented residents.	48	50.5	59.8	58.6
Residents with bed sores.	12	12.6	11.4	7.6
Residents receiving special skin care.	50	52.6	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128* F129* F131* F132* F134 F175 F199 F262
F285 F314 F322* F328 F332* F340* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ODD FELLOW AND REBEKAH HOME

Street Address: 2388 W MICHIGAN AVE	**City and State:** JACKSON, MI 49202

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	87.5	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	42	87.5	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	37	77.1	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	89.6	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	75.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	18.8	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	14	29.2	43.1	40.9
Residents requiring restraints.	17	35.4	39.4	30.9
Confused or disoriented residents.	32	66.7	64.1	55.4
Residents with bed sores.	1	2.1	6.4	4.8
Residents receiving special skin care.	34	70.8	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F126 F131* F199 F237* F242* F297
F313* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VISTA GRANDE VILLA

Street Address: 2251 SPRINGPORT RD		**City and State:** JACKSON, MI 49202	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	2	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	56.4	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	50	90.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	37	67.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	90.9	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	76.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	40.0	38.6	39.1
Completely bedfast residents.	1	1.8	2.4	3.2
Residents confined to chairs.	15	27.3	54.6	52.3
Residents requiring restraints.	27	49.1	45.8	40.4
Confused or disoriented residents.	50	90.9	59.8	58.6
Residents with bed sores.	6	10.9	11.4	7.6
Residents receiving special skin care.	10	18.2	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F119 F131* F134 F135 F170 F175 F180
F181* F237* F260 F273 F323 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALAMO NURSING HOME

Street Address: 8290 W C AVE		**City and State:** KALAMAZOO, MI 49009	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	9	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	76.6	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	64	68.1	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	58	61.7	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	67.0	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	61.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	21.3	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	45	47.9	54.6	52.3
Residents requiring restraints.	28	29.8	45.8	40.4
Confused or disoriented residents.	40	42.6	59.8	58.6
Residents with bed sores.	2	2.1	11.4	7.6
Residents receiving special skin care.	62	66.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F132* F133* F134 F135 F174 F224 F285
F314 F323 F331 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BORGESS NURSING HOME

Street Address: 537 CHICAGO AVE		**City and State:** KALAMAZOO, MI 49001	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	3	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	68.4	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	103	88.0	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	87	74.4	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	72.6	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	79.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	54	46.2	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	54	46.2	54.6	52.3
Residents requiring restraints.	59	50.4	45.8	40.4
Confused or disoriented residents.	52	44.4	59.8	58.6
Residents with bed sores.	13	11.1	11.4	7.6
Residents receiving special skin care.	54	46.2	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F128* F129* F131* F134 F170 F175 F199
F205 F207 F288 F317 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROOKHAVEN CARE CENTER

Street Address: 1701 OLMSTEAD	**City and State:** KALAMAZOO, MI 49001

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	70.8	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	41	85.4	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	36	75.0	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	66.7	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	60.4	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	37.5	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	18	37.5	43.1	40.9
Residents requiring restraints.	22	45.8	39.4	30.9
Confused or disoriented residents.	33	68.8	64.1	55.4
Residents with bed sores.	5	10.4	6.4	4.8
Residents receiving special skin care.	14	29.2	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F134 F135 F139 F170 F176 F177 F191*
F199 F283 F314 F316 F317 F330 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FRIENDSHIP VILLAGE

Street Address: 1400 N DRAKE RD		**City and State:** KALAMAZOO, MI 49007	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 57	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	8	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	100	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	54	100	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	48	88.9	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	77.8	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	66.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	3	5.6	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	42.6	38.6	39.1
Completely bedfast residents.	1	1.9	2.4	3.2
Residents confined to chairs.	25	46.3	54.6	52.3
Residents requiring restraints.	18	33.3	45.8	40.4
Confused or disoriented residents.	32	59.3	59.8	58.6
Residents with bed sores.	4	7.4	11.4	7.6
Residents receiving special skin care.	15	27.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F101 F110 F119 F132* F134 F140 F175
F180 F199 F207 F319 F321 F322* F332* F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLSIDE MANOR

Street Address: 1430 ALAMO AVE	**City and State:** KALAMAZOO, MI 49007

Participation: MEDICAID ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	87.7	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	62	76.5	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	61	75.3	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	63.0	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	75.3	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	11	13.6	30.3	30.4
Completely bedfast residents.	1	1.2	1.1	2.8
Residents confined to chairs.	48	59.3	43.1	40.9
Residents requiring restraints.	28	34.6	39.4	30.9
Confused or disoriented residents.	41	50.6	64.1	55.4
Residents with bed sores.	16	19.8	6.4	4.8
Residents receiving special skin care.	4	4.9	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	NOT MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F077 F079* F080* F084 F085* F099 F100
F101 F102 F125* F126 F127* F128* F129* F130
F131* F132* F133* F134 F139 F170 F172 F173*
F175 F199 F218* F242* F258 F262 F278 F285
F287 F289 F293* F297 F298 F312 F313* F314
F317 F319 F328 F330 F332* F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PROVINCIAL HOUSE KALAMAZOO

Street Address: 1701 S 11TH ST	**City and State:** KALAMAZOO, MI 49009

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 31	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	87.5	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	93	83.0	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	76	67.9	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	67.0	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	52.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	4	3.6	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	32.1	36.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	48	42.9	54.6	52.3
Residents requiring restraints.	61	54.5	45.8	40.4
Confused or disoriented residents.	57	50.9	59.8	58.6
Residents with bed sores.	6	5.4	11.4	7.6
Residents receiving special skin care.	25	22.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F058 F059 F102 F117 F120 F126 F127* F128*
F129* F134 F170 F173* F175 F199 F257 F260
F261 F263 F285 F314 F321 F324* F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PROVINCIAL HOUSE TOT LVG CTR

Street Address: 2575 N DRAKE RD		**City and State:** KALAMAZOO, MI 49001	
Participation: MEDICAID SNF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	0	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	96	100	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	96	100	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	100	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	100	72.2	69.4
Residents on individually written bowel and bladder retraining program.	10	10.4	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	80	83.3	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	87	90.6	54.6	52.3
Residents requiring restraints.	92	95.8	45.8	40.4
Confused or disoriented residents.	0	0.0	59.8	58.6
Residents with bed sores.	1	1.0	11.4	7.6
Residents receiving special skin care.	10	10.4	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F133* F134 F285 F295 F314 F341

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIDGEVIEW MANOR

Street Address: 3625 W MICHIGAN AVE		**City and State:** KALAMAZOO, MI 49007	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
174	16	128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	59.8	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	158	90.8	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	135	77.6	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	77.0	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	124	71.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	1.1	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	29.3	38.6	39.1
Completely bedfast residents.	1	0.6	2.4	3.2
Residents confined to chairs.	130	74.7	54.6	52.3
Residents requiring restraints.	50	28.7	45.8	40.4
Confused or disoriented residents.	108	62.1	59.8	58.6
Residents with bed sores.	15	8.6	11.4	7.6
Residents receiving special skin care.	53	30.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F098 F099 F100 F101 F102 F110 F119
F123* F124 F125* F126 F127* F128* F129* F130
F131* F132* F134 F135 F137 F139 F167* F168*
F169 F170 F171 F172 F173* F174 F175 F176
F178 F179 F180 F182 F224 F242* F250 F261
F263 F264 F289 F293* F294 F313* F314 F321
F328 F336 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TENDERCARE PORTAGE

Street Address: 7855 CURRIER DR	**City and State:** KALAMAZOO, MI 49002

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	38	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	78.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	103	87.3	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	97	82.2	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	85.6	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	83.1	72.2	69.4
Residents on individually written bowel and bladder retraining program.	40	33.9	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	46	39.0	38.6	39.1
Completely bedfast residents.	10	8.5	2.4	3.2
Residents confined to chairs.	62	52.5	54.6	52.3
Residents requiring restraints.	22	18.6	45.8	40.4
Confused or disoriented residents.	81	68.6	59.3	58.6
Residents with bed sores.	5	4.2	11.4	7.6
Residents receiving special skin care.	35	29.7	30.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F135 F175 F198 F277 F314 F317 F321
F335 F342 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
UPJOHN COMM NURSING HOME

Street Address: 2400 PORTAGE ST	**City and State:** KALAMAZOO, MI 49001

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
125	14	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	88.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	109	87.2	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	102	81.6	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	80.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	63.2	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	41	32.8	38.6	39.1
Completely bedfast residents.	12	9.6	2.4	3.2
Residents confined to chairs.	81	64.8	54.6	52.3
Residents requiring restraints.	61	48.8	45.8	40.4
Confused or disoriented residents.	68	54.4	59.8	58.6
Residents with bed sores.	12	9.6	11.4	7.6
Residents receiving special skin care.	21	16.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F119 F128* F129* F131* F134 F135
F139 F174 F175 F176 F180 F191* F196* F206
F224 F231 F232 F258 F332* F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTBROOK MANOR

Street Address: 6203 W MICHIGAN	**City and State:** KALAMAZOO, MI 49009

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 1	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	56.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	71	77.2	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	73	79.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	70.7	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	68.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	28	30.4	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	64	69.6	54.6	52.3
Residents requiring restraints.	23	25.0	45.8	40.4
Confused or disoriented residents.	60	65.2	59.8	58.6
Residents with bed sores.	12	13.0	11.4	7.6
Residents receiving special skin care.	29	31.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F101 F110 F119 F126 F127* F128*
F129* F136 F170 F173* F175 F196* F295 F314
F317 F320 F321 F322* F324* F338 F339 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KALKAKA MEM HEALTH CTR

Street Address: 419 S CORAL ST		**City and State:** KALKASKA, MI 49646	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 8	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
8	1	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	75.0	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	7	87.5	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	6	75.0	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	87.5	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	50.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	37.5	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	4	50.0	54.6	52.3
Residents requiring restraints.	1	12.5	45.8	40.4
Confused or disoriented residents.	4	50.0	59.8	58.6
Residents with bed sores.	2	25.0	11.4	7.6
Residents receiving special skin care.	8	100	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F110 F126 F131* F134 F135 F167* F169
F170 F171 F173* F174 F175 F176 F180 F182
F224 F236 F237* F242* F259 F260 F261 F262
F264 F277

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HURON WOODS NURS HOME

Street Address: 1395 S HURON RD		**City and State:** KAWKAWLIN, MI 48631	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	92.0	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	47	94.0	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	39	78.0	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	72.0	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	82.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	38.0	30.3	30.4
Completely bedfast residents.	8	16.0	1.1	2.8
Residents confined to chairs.	28	56.0	43.1	40.9
Residents requiring restraints.	44	88.0	39.4	30.9
Confused or disoriented residents.	37	74.0	64.1	55.4
Residents with bed sores.	2	4.0	6.4	4.8
Residents receiving special skin care.	18	36.0	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F131* F170 F174 F175 F178 F191* F260
F261 F262 F283 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER

Street Address: 1225 WOODWARD AVENUE		**City and State:** KINGSFORD, MI 49801	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
104	9	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	82.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	92	88.5	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	69	66.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	71.2	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	59.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	6	5.8	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	38	36.5	38.6	39.1
Completely bedfast residents.	2	1.9	2.4	3.2
Residents confined to chairs.	52	50.0	54.6	52.3
Residents requiring restraints.	42	40.4	45.8	40.4
Confused or disoriented residents.	43	41.3	59.8	58.6
Residents with bed sores.	8	7.7	11.4	7.6
Residents receiving special skin care.	20	19.2	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
BARAGA COUNTY MEMORIAL HOSPITAL LTCU

Street Address: 770 N MAIN ST		**City and State:** L'ANSE, MI 49946	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 28	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 4	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	71.4	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	24	85.7	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	19	67.9	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	64.3	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	60.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	3.6	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	35.7	38.6	39.1
Completely bedfast residents.	1	3.6	2.4	3.2
Residents confined to chairs.	8	28.6	54.6	52.3
Residents requiring restraints.	7	25.0	45.8	40.4
Confused or disoriented residents.	10	35.7	59.8	58.6
Residents with bed sores.	1	3.6	11.4	7.6
Residents receiving special skin care.	7	25.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F314 F317

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WINKLER NURSING HOME

Street Address: 833 SICOTTE ST	**City and State:** L'ANSE, MI 49946

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	74.6	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	44	74.6	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	40	67.8	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	67.8	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	55.9	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	3.4	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	30.5	38.6	39.1
Completely bedfast residents.	4	6.8	2.4	3.2
Residents confined to chairs.	25	42.4	54.6	52.3
Residents requiring restraints.	21	35.6	45.8	40.4
Confused or disoriented residents.	49	83.1	59.8	58.6
Residents with bed sores.	4	6.8	11.4	7.6
Residents receiving special skin care.	10	16.9	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAKE ORION NURSING CENTER

Street Address: 585 E FLINT ST PO BOX 129

City and State: LAKE ORION, MI 48035

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 120

Type of Ownership: NON-PROFIT PRIVATE

Survey Date: 11/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92

Medicare Residents: 10

Medicaid Residents: 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	81.5	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	76	82.6	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	62	67.4	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	90.2	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	63.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	3	3.3	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	31.5	38.6	39.1
Completely bedfast residents.	2	2.2	2.4	3.2
Residents confined to chairs.	32	34.8	54.6	52.3
Residents requiring restraints.	49	53.3	45.8	40.4
Confused or disoriented residents.	59	64.1	59.8	58.6
Residents with bed sores.	14	15.2	11.4	7.6
Residents receiving special skin care.	36	39.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F170 F199 F205 F321 F330 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KELSEY MEM HOSP-ECF

Street Address: 418 WASHINGTON AVE	**City and State:** LAKEVIEW, MI 48850

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 42	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/16/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
41	4	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	33	80.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	38	92.7	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	35	85.4	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	85.4	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	80.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	2.4	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	29	70.7	38.6	39.1
Completely bedfast residents.	2	4.9	2.4	3.2
Residents confined to chairs.	30	73.2	54.6	52.3
Residents requiring restraints.	18	43.9	45.8	40.4
Confused or disoriented residents.	22	53.7	59.8	58.6
Residents with bed sores.	2	4.9	11.4	7.6
Residents receiving special skin care.	3	7.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169 F170 F174 F175 F181* F193 F199 F224
F260 F272 F273 F277 F314 F323 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GLENWOOD CHRISTIAN NURSING HOME

Street Address: 13030 44TH AVE		**City and State:** LAMONT, MI 49430	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	5	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	78.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	56	86.2	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	44	67.7	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	96.9	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	66.2	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	29	44.6	38.6	39.1
Completely bedfast residents.	2	3.1	2.4	3.2
Residents confined to chairs.	45	69.2	54.6	52.3
Residents requiring restraints.	33	50.8	45.8	40.4
Confused or disoriented residents.	36	55.4	59.8	58.6
Residents with bed sores.	6	9.2	11.4	7.6
Residents receiving special skin care.	22	33.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F116 F120 F129* F130 F133* F134 F169
F170 F173* F174 F175 F176 F205 F224 F260
F264 F283 F306 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARY AVENUE CARE CENTER

Street Address: 1313 MARY AVE	**City and State:** LANSING, MI 48910

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 134	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
130	5	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	85.4	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	118	90.8	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	107	82.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	76.9	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	73.1	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	51	39.2	38.6	39.1
Completely bedfast residents.	2	1.5	2.4	3.2
Residents confined to chairs.	79	60.8	54.6	52.3
Residents requiring restraints.	65	50.0	45.8	40.4
Confused or disoriented residents.	73	56.2	59.8	58.6
Residents with bed sores.	12	9.2	11.4	7.6
Residents receiving special skin care.	78	60.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F057 F077 F110 F128* F131* F132* F141
F170 F173* F174 F175 F178 F180 F182 F236
F237* F257 F260 F261 F262 F283 F323 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PROVINCIAL HOUSE SOUTH

Street Address: 2100 PROVINCIAL DR	**City and State:** LANSING, MI 48910

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 24	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	95.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	103	86.6	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	92	77.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.1	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	70.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	3	2.5	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	25.2	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	45	37.8	54.6	52.3
Residents requiring restraints.	48	40.3	45.8	40.4
Confused or disoriented residents.	83	69.7	59.8	58.6
Residents with bed sores.	14	11.8	11.4	7.6
Residents receiving special skin care.	65	54.6	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F128* F131* F132* F133* F136 F170 F173*
F174 F180 F182 F191* F199 F227 F237* F259
F263 F278 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROSELAWN MANOR

Street Address: 707 ARMSTRONG RD		**City and State:** LANSING, MI 48911	
Participation: MEDICAID ICF	**# of Beds:** 234	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	100	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	93.5	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	40	87.0	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	82.6	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	71.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	7	15.2	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	19.6	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	27	58.7	43.1	40.9
Residents requiring restraints.	22	47.8	39.4	30.9
Confused or disoriented residents.	24	52.2	64.1	55.4
Residents with bed sores.	3	6.5	6.4	4.8
Residents receiving special skin care.	16	34.8	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	NOT MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	NOT MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F097 F101 F119 F122* F125* F126 F128* F131*
F132* F133* F135 F136 F169 F170 F174 F175
F176 F178 F187 F190 F191* F194 F196* F198
F199 F218* F224 F237* F256 F257 F258 F259
F260 F261 F262 F263 F276 F277 F278 F295
F314 F330 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TENDERCARE WEST

Street Address: 731 STARKWEATHER DR		**City and State:** LANSING, MI 48917	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
109	6	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	81.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	94	86.2	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	92	84.4	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	84.4	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	78.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	43	39.4	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	37	33.9	54.6	52.3
Residents requiring restraints.	46	42.2	45.8	40.4
Confused or disoriented residents.	50	45.9	59.8	58.6
Residents with bed sores.	5	4.6	11.4	7.6
Residents receiving special skin care.	26	23.9	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	NOT MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LANSING, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076 F110 F122* F169 F170 F173* F174 F175
F222 F224 F236 F237* F242* F243 F260 F261
F264 F278 F294 F297 F341 F344

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FERGUSON CONV HOME

Street Address: 239 S MAIN ST		**City and State:** LAPEER, MI 48446	
Participation: MEDICAID ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	98.9	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	78	87.6	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	58	65.2	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	56.2	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	80.9	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	36.0	30.3	30.4
Completely bedfast residents.	7	7.9	1.1	2.8
Residents confined to chairs.	36	40.4	43.1	40.9
Residents requiring restraints.	37	41.6	39.4	30.9
Confused or disoriented residents.	81	91.0	64.1	55.4
Residents with bed sores.	8	9.0	6.4	4.8
Residents receiving special skin care.	28	31.5	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F101 F126 F127* F128* F131* F133* F134
F135 F168* F169 F170 F172 F173* F174 F175
F176 F185 F191* F199 F250 F263 F264 F294
F313* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAPEER COUNTY MEDICAL CARE FACILITY

Street Address: 1455 SUNCREST DR

City and State: LAPEER, MI 48446

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 162

Type of Ownership: LOCAL GOVERNMENT

Survey Date: 09/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159

Medicare Residents: 17

Medicaid Residents: 116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	79.2	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	140	88.1	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	122	76.7	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	76.1	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	63.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	46.5	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	62	39.0	54.6	52.3
Residents requiring restraints.	91	57.2	45.8	40.4
Confused or disoriented residents.	73	45.9	59.8	58.6
Residents with bed sores.	11	6.9	11.4	7.6
Residents receiving special skin care.	110	69.2	36.0	31.4

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F097 F119 F126 F128* F131* F133* F135
F170 F173* F175 F178 F180 F182 F191* F199
F207 F224 F237* F256 F259 F260 F261 F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAKE VIEW COMMUNITY HOME

Street Address: 99 WALKER STT		**City and State:** LAWTON, MI 49065	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/10/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	3	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	97.4	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	108	92.3	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	101	86.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	89.7	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	55.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	39	33.3	38.6	39.1
Completely bedfast residents.	2	1.7	2.4	3.2
Residents confined to chairs.	33	28.2	54.6	52.3
Residents requiring restraints.	53	45.3	45.8	40.4
Confused or disoriented residents.	82	70.1	59.8	58.6
Residents with bed sores.	6	5.1	11.4	7.6
Residents receiving special skin care.	5	4.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F126 F128* F131* F133* F134 F135 F169
F173* F175 F177 F185 F199 F207 F224 F250
F272 F277 F295 F321 F323 F331 F339

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LINCOLN HAVEN HEALTHCARE CENTRE

Street Address: 950 BARLOW RD	**City and State:** LINCOLN, MI 48742

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	88.9	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	32	88.9	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	32	88.9	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	88.9	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	25.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	50.0	30.3	30.4
Completely bedfast residents.	1	2.8	1.1	2.8
Residents confined to chairs.	25	69.4	43.1	40.9
Residents requiring restraints.	21	58.3	39.4	30.9
Confused or disoriented residents.	24	66.7	64.1	55.4
Residents with bed sores.	3	8.3	6.4	4.8
Residents receiving special skin care.	1	2.8	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F119 F131* F132* F134 F170 F224 F258
F260 F317

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARGENTINE CARE CENTER

Street Address: 9051 SILVER LAKE RD		**City and State:** LINDEN, MI 48451	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	100	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	43	86.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	44	88.0	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	88.0	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	88.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	15	30.0	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	7	14.0	43.1	40.9
Residents requiring restraints.	4	8.0	39.4	30.9
Confused or disoriented residents.	50	100	64.1	55.4
Residents with bed sores.	3	6.0	6.4	4.8
Residents receiving special skin care.	8	16.0	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F072 F119 F131* F170 F174 F242* F262 F283
F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LITCHFIELD MANOR CARE

Street Address: 527 MARSHALL RD		**City and State:** LITCHFIELD, MI 49252	
Participation: MEDICAID ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	87.9	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	56	84.8	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	47	71.2	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	68.2	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	63.6	64.6	59.1
Residents on individually written bowel and bladder retraining program.	2	3.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	24	36.4	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	18	27.3	43.1	40.9
Residents requiring restraints.	19	28.8	39.4	30.9
Confused or disoriented residents.	33	50.0	64.1	55.4
Residents with bed sores.	1	1.5	6.4	4.8
Residents receiving special skin care.	41	62.1	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F128* F131* F134 F173* F175 F236 F313*
F314 F317 F319 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAMELOT HALL CONVALESCENT CENTRE

Street Address: 35100 ANN ARBOR TR		**City and State:** LIVONIA, MI 48150	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
161	19	112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	151	93.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	142	88.2	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	123	76.4	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	84.5	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	113	70.2	72.2	69.4
Residents on individually written bowel and bladder retraining program.	4	2.5	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	51	31.7	38.6	39.1
Completely bedfast residents.	2	1.2	2.4	3.2
Residents confined to chairs.	127	78.9	54.6	52.3
Residents requiring restraints.	71	44.1	45.8	40.4
Confused or disoriented residents.	114	70.8	59.8	58.6
Residents with bed sores.	33	20.5	11.4	7.6
Residents receiving special skin care.	44	27.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	NOT MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F122* F126 F130 F174 F189 F240 F273 F313*
F321 F324* F341 F347

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DORVIN CONV NURSING CTR

Street Address: 29270 MORLOCK	**City and State:** LIVONIA, MI 48152

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/20/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 10	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	97.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	104	98.1	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	100	94.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	94.3	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	94.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	34	32.1	38.6	39.1
Completely bedfast residents.	1	0.9	2.4	3.2
Residents confined to chairs.	44	41.5	54.6	52.3
Residents requiring restraints.	67	63.2	45.8	40.4
Confused or disoriented residents.	98	92.5	59.8	58.6
Residents with bed sores.	14	13.2	11.4	7.6
Residents receiving special skin care.	22	20.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F074 F127* F170 F258 F262 F313* F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LIVONIA CONV HOME

Street Address: 28910 PLYMOUTH RD		**City and State:** LIVONIA, MI 48150	
Participation: MEDICAID ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/20/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
73	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	53.4	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	53	72.6	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	27	37.0	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	42.5	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	47.9	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	13.7	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	13	17.8	43.1	40.9
Residents requiring restraints.	21	28.8	39.4	30.9
Confused or disoriented residents.	64	87.7	64.1	55.4
Residents with bed sores.	8	11.0	6.4	4.8
Residents receiving special skin care.	21	28.8	28.5	23.5

LIVONIA, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F134 F170 F219 F236 F242* F283 F298

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARYCREST MANOR

Street Address: 15475 MIDDLEBELT RD		**City and State:** LIVONIA, MI 48154	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 55	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
53	1	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	96.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	47	88.7	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	43	81.1	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	71.7	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	83.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	18	34.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	34.0	38.6	39.1
Completely bedfast residents.	3	5.7	2.4	3.2
Residents confined to chairs.	36	67.9	54.6	52.3
Residents requiring restraints.	45	84.9	45.8	40.4
Confused or disoriented residents.	41	77.4	59.8	58.6
Residents with bed sores.	8	15.1	11.4	7.6
Residents receiving special skin care.	3	5.7	36.0	31.4

LIVONIA, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder. The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F170 F182 F242* F317 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MIDDLEBELT NURSING CENTRE

Street Address: 14900 MIDDLEBELT RD		**City and State:** LIVONIA, MI 48154	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 162	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
141	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	94.3	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	122	86.5	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	126	89.4	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	77.3	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	119	84.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	76	53.9	38.6	39.1
Completely bedfast residents.	2	1.4	2.4	3.2
Residents confined to chairs.	100	70.9	54.6	52.3
Residents requiring restraints.	87	61.7	45.8	40.4
Confused or disoriented residents.	90	63.8	59.8	58.6
Residents with bed sores.	6	4.3	11.4	7.6
Residents receiving special skin care.	13	9.2	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F224 F314 F323

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST JUDE CONVALESCENT CENTER

Street Address: 34350 ANN ARBOR TR		**City and State:** LIVONIA, MI 48150	
Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	83.9	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	78.6	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	40	71.4	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	58.9	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	66.1	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	73.2	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	44	78.6	43.1	40.9
Residents requiring restraints.	16	28.6	39.4	30.9
Confused or disoriented residents.	32	57.1	64.1	55.4
Residents with bed sores.	1	1.8	6.4	4.8
Residents receiving special skin care.	0	0.0	28.5	23.5

LIVONIA, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128* F129* F264 F283 F284 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
UNIVERSITY CONV NURSING HOME

Street Address: 28550 FIVE MILE RD		**City and State:** LIVONIA, MI 48154	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 184	**Type of Ownership:** PROPRIETARY	**Survey Date.** 06/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
174	35	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	152	87.4	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	160	92.0	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	147	84.5	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	83.3	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	141	81.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	80	46.0	38.6	39.1
Completely bedfast residents.	14	8.0	2.4	3.2
Residents confined to chairs.	136	78.2	54.6	52.3
Residents requiring restraints.	100	57.5	45.8	40.4
Confused or disoriented residents.	140	80.5	59.8	58.6
Residents with bed sores.	58	33.3	11.4	7.6
Residents receiving special skin care.	95	54.6	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LIVONIA, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F098 F100 F101 F102 F123* F124
F126 F127* F128* F129* F132* F134 F135 F139
F173* F175 F180 F182 F186 F189 F191* F199
F206 F253 F278 F283 F314 F324* F326 F327
F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LOWELL MEDICAL CARE CTR

Street Address: 350 N CENTER ST		**City and State:** LOWELL, MI 49331	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 153	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/17/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
141	4	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	83.0	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	113	80.1	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	105	74.5	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	73.0	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	63.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	1.4	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	33.3	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	93	66.0	54.6	52.3
Residents requiring restraints.	75	53.2	45.8	40.4
Confused or disoriented residents.	117	83.0	59.8	58.6
Residents with bed sores.	14	9.9	11.4	7.6
Residents receiving special skin care.	102	72.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F110 F119 F127* F128* F129* F132* F135
F169 F170 F173* F174 F175 F180 F187 F218*
F224 F237* F242* F244 F260 F261 F264 F273
F294 F313* F323 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BAYWOOD NSG HOME

Street Address: 1000 E TINKHAM AVE		**City and State:** LUDINGTON, MI 49431	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
124	25	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	73.4	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	104	83.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	95	76.6	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	83.1	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	63.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	1.6	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	44	35.5	38.6	39.1
Completely bedfast residents.	1	0.8	2.4	3.2
Residents confined to chairs.	24	19.4	54.6	52.3
Residents requiring restraints.	56	45.2	45.8	40.4
Confused or disoriented residents.	73	58.9	59.8	58.6
Residents with bed sores.	5	4.0	11.4	7.6
Residents receiving special skin care.	25	20.2	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F169 F170 F174 F175 F224 F260 F264
F278 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BAYWOOD NURSING HOME

Street Address: 1000 E TINKHAM AVE		**City and State:** LUDINGTON, MI 49431	
Participation: MEDICAID SNF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
126	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	84.9	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	117	92.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	100	79.4	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	73.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	67.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	1.6	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	42	33.3	38.6	39.1
Completely bedfast residents.	2	1.6	2.4	3.2
Residents confined to chairs.	35	27.8	54.6	52.3
Residents requiring restraints.	69	54.8	45.8	40.4
Confused or disoriented residents.	95	75.4	59.8	58.6
Residents with bed sores.	4	3.2	11.4	7.6
Residents receiving special skin care.	16	12.7	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LUDINGTON, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F121 F126 F169 F170 F174 F175 F180
F182 F199 F224 F260 F278 F285 F289 F314
F317

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAKVIEW MCF

Street Address: 1000 DIANA ST		**City and State:** LUDINGTON, MI 49431	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	19	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	86.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	65	87.8	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	63	85.1	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	100	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	82.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	35.1	38.6	39.1
Completely bedfast residents.	2	2.7	2.4	3.2
Residents confined to chairs.	34	45.9	54.6	52.3
Residents requiring restraints.	36	48.6	45.8	40.4
Confused or disoriented residents.	28	37.8	59.8	58.6
Residents with bed sores.	9	12.2	11.4	7.6
Residents receiving special skin care.	74	100	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169 F170 F174 F175 F180 F182 F236 F237*
F242* F260 F261 F262 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAMBRIDGE NURS CENTE-EAST

Street Address: 31155 DEQUINDRE		**City and State:** MADISON HEIGHTS, MI 48071	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
157	33	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	78.3	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	132	84.1	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	113	72.0	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	71.3	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	70.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	10	6.4	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	38	24.2	38.6	39.1
Completely bedfast residents.	1	0.6	2.4	3.2
Residents confined to chairs.	97	61.8	54.6	52.3
Residents requiring restraints.	92	58.6	45.8	40.4
Confused or disoriented residents.	87	55.4	59.8	58.6
Residents with bed sores.	35	22.3	11.4	7.6
Residents receiving special skin care.	32	20.4	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F116 F127* F132* F133* F134 F169 F170
F174 F175 F278 F297 F314 F317

NOTE: AN * !INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MANISTEE HEIGHTS CARE CENTER

Street Address: 300 CARE CENTER DR		**City and State:** MANISTEE, MI 49660	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/23/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
106	6	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	99.1	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	79	74.5	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	84	79.2	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	71.7	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	65.1	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	17.9	38.6	39.1
Completely bedfast residents.	1	0.9	2.4	3.2
Residents confined to chairs.	45	42.5	54.6	52.3
Residents requiring restraints.	30	28.3	45.8	40.4
Confused or disoriented residents.	67	63.2	59.8	58.6
Residents with bed sores.	14	13.2	11.4	7.6
Residents receiving special skin care.	80	75.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F120 F128* F170 F173* F174 F175 F236
F242* F261 F314 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MANISTEE MEDICAL CARE FACILITY

Street Address: 1505 E PARKDALE ST		**City and State:** MANISTEE, MI 49660	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/23/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
101	13	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	95.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	100	99.0	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	96	95.0	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	96.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	74.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	3	3.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	41	40.6	38.6	39.1
Completely bedfast residents.	1	1.0	2.4	3.2
Residents confined to chairs.	81	80.2	54.6	52.3
Residents requiring restraints.	86	85.1	45.8	40.4
Confused or disoriented residents.	64	63.4	59.8	58.6
Residents with bed sores.	5	5.0	11.4	7.6
Residents receiving special skin care.	70	69.3	36.0	31.4

MANISTEE, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F174 F189 F224 F260 F263 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SCHOOLCRAFT MEDICAL CARE FACILITY

Street Address: 520 MAIN ST		**City and State:** MANISTIQUE, MI 49854	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	11	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	97.3	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	74	100	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	73	98.6	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	87.8	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	85.1	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	29.7	38.6	39.1
Completely bedfast residents.	1	1.4	2.4	3.2
Residents confined to chairs.	71	95.9	54.6	52.3
Residents requiring restraints.	33	44.6	45.8	40.4
Confused or disoriented residents.	36	48.6	59.8	58.6
Residents with bed sores.	12	16.2	11.4	7.6
Residents receiving special skin care.	20	27.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

[illegible]

MANISTIQUE, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F058 F119 F126 F128* F129* F133* F134 F167*
F169 F170 F173* F174 F175 F176 F177 F178
F179 F180 F182 F186 F199 F207 F224 F236
F237* F242* F260 F261 F285 F289 F293* F319
F321 F322* F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAPLE VALLEY NURSING HOME

Street Address: RT 2 BOX 7 1086 COUNTY RD		**City and State:** MAPLE CITY, MI 49664	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	76.0	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	22	88.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	22	88.0	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	84.0	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	72.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	17	68.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	20.0	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	9	36.0	43.1	40.9
Residents requiring restraints.	14	56.0	39.4	30.9
Confused or disoriented residents.	14	56.0	64.1	55.4
Residents with bed sores.	1	4.0	6.4	4.8
Residents receiving special skin care.	3	12.0	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MAPLE CITY, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F131* F170 F174 F175 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARLETTE COMM HOSP LTCU

Street Address: 2770 MAIN ST	**City and State:** MARLETTE, MI 48453

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 43	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 5	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	90.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	40	97.6	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	36	87.8	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	100	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	90.2	72.2	69.4
Residents on individually written bowel and bladder retraining program.	38	92.7	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	43.9	38.6	39.1
Completely bedfast residents.	1	2.4	2.4	3.2
Residents confined to chairs.	31	75.6	54.6	52.3
Residents requiring restraints.	24	58.5	45.8	40.4
Confused or disoriented residents.	28	68.3	59.8	58.6
Residents with bed sores.	9	22.0	11.4	7.6
Residents receiving special skin care.	17	41.5	36.0	31.4

MARLETTE, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F133* F135 F210 F224 F262 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BIRCHWOOD NURSING CENTER

Street Address:
15140 16TH AVE

City and State:
MARNE, MI 49435

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
198

Type of Ownership:
PROPRIETARY

Survey Date:
03/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
182

Medicare Residents:
7

Medicaid Residents:
147

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	131	72.0	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	159	87.4	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	125	68.7	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	69.8	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	115	63.2	72.2	69.4
Residents on individually written bowel and bladder retraining program.	4	2.2	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	27.5	38.6	39.1
Completely bedfast residents.	2	1.1	2.4	3.2
Residents confined to chairs.	94	51.6	54.6	52.3
Residents requiring restraints.	91	50.0	45.8	40.4
Confused or disoriented residents.	87	47.8	59.8	58.6
Residents with bed sores.	11	6.0	11.4	7.6
Residents receiving special skin care.	21	11.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MARNE, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101
F110
F119
F120
F126
F129*
F131*
F134
F167*
F169
F170
F171
F173*
F174
F175
F176
F177
F180
F182
F191*
F206
F227
F232
F234
F236
F237*
F242*
F260
F261
F263
F313*
F314
F321
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NORLITE NURSING CENTER

Street Address: 701 HOMESTEAD ST		**City and State:** MARQUETTE, MI 49855	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	8	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	69.5	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	89	93.7	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	65	68.4	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	68.4	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	68.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	43.2	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	12	12.6	54.6	52.3
Residents requiring restraints.	33	34.7	45.8	40.4
Confused or disoriented residents.	59	62.1	59.8	58.6
Residents with bed sores.	6	6.3	11.4	7.6
Residents receiving special skin care.	28	29.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F134 F170 F180 F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARSHALL MANOR

Street Address: 575 N MADISON		**City and State:** MARSHALL, MI 49068	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
69	16	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	66.7	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	62	89.9	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	55	79.7	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	78.3	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	59.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	2.9	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	40.6	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	34	49.3	54.6	52.3
Residents requiring restraints.	33	47.8	45.8	40.4
Confused or disoriented residents.	39	56.5	59.8	58.6
Residents with bed sores.	10	14.5	11.4	7.6
Residents receiving special skin care.	20	29.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F140 F199 F278 F314 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PROVINCIAL HOUSE MARSHALL

Street Address: 879 E MICHIGAN	**City and State:** MARSHALL, MI 49068

Participation: MEDICAID ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	69.9	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	100	97.1	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	59	57.3	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	68.0	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	57.3	64.6	59.1
Residents on individually written bowel and bladder retraining program.	1	1.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	25	24.3	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	41	39.8	43.1	40.9
Residents requiring restraints.	39	37.9	39.4	30.9
Confused or disoriented residents.	50	48.5	64.1	55.4
Residents with bed sores.	5	4.9	6.4	4.8
Residents receiving special skin care.	11	10.7	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MARSHALL, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F129* F132* F133* F134 F135 F173* F174 F185
F217 F236 F278 F285 F289 F294 F295 F313*
F314 F317 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FISHER CONVALESCENT HOME

Street Address: 521 OHMER RD M 24		**City and State:** MAYVILLE, MI 48744	
Participation: MEDICAID ICF	**# of Beds:** 38	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
37	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	91.9	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	34	91.9	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	33	89.2	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	100	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	91.9	64.6	59.1
Residents on individually written bowel and bladder retraining program.	16	43.2	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	16.2	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	14	37.8	43.1	40.9
Residents requiring restraints.	16	43.2	39.4	30.9
Confused or disoriented residents.	29	78.4	64.1	55.4
Residents with bed sores.	0	0.0	6.4	4.8
Residents receiving special skin care.	6	16.2	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F131* F170 F174 F199 F224 F236 F256
F259 F260 F261 F263 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AUTUMNWOOD OF MCBAIN

Street Address: 220 HUGHSTON ST		**City and State:** MCBAIN, MI 49657	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	1	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	73.3	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	69	92.0	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	58	77.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	84.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	76.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	24	32.0	38.6	39.1
Completely bedfast residents.	2	2.7	2.4	3.2
Residents confined to chairs.	20	26.7	54.6	52.3
Residents requiring restraints.	41	54.7	45.8	40.4
Confused or disoriented residents.	44	58.7	59.8	58.6
Residents with bed sores.	1	1.3	11.4	7.6
Residents receiving special skin care.	31	41.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F133* F170 F285 F289 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
APPLEWOOD MANOR

Street Address: RT 3 BOX 2347	**City and State:** MCMILLAN, MI 49853

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	74.1	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	24	88.9	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	17	63.0	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	77.8	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	85.2	64.6	59.1
Residents on individually written bowel and bladder retraining program.	3	11.1	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	22.2	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	10	37.0	43.1	40.9
Residents requiring restraints.	8	29.6	39.4	30.9
Confused or disoriented residents.	18	66.7	64.1	55.4
Residents with bed sores.	0	0.0	6.4	4.8
Residents receiving special skin care.	0	0.0	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
GOOD SAMARITAN HOME,THE

Street Address: 501 2ND ST		**City and State:** MENOMINEE, MI 49858	
Participation: MEDICAID ICF	**# of Beds:** 39	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	76.9	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	36	92.3	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	35	89.7	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	79.5	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	84.6	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	46.2	30.3	30.4
Completely bedfast residents.	1	2.6	1.1	2.8
Residents confined to chairs.	27	69.2	43.1	40.9
Residents requiring restraints.	22	56.4	39.4	30.9
Confused or disoriented residents.	28	71.8	64.1	55.4
Residents with bed sores.	7	17.9	6.4	4.8
Residents receiving special skin care.	7	17.9	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F102 F131* F132* F135 F174 F175 F242*
F261 F263 F355

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MIDMICHIGAN REGIONAL MEDICAL CENTER

Street Address:
4005 ORCHARD DR

City and State:
MIDLAND, MI 48640

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	48	NON-PROFIT OTHER	03/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	24	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	62.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	39	97.5	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	37	92.5	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	92.5	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	72.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	65.0	38.6	39.1
Completely bedfast residents.	4	10.0	2.4	3.2
Residents confined to chairs.	22	55.0	54.6	52.3
Residents requiring restraints.	18	45.0	45.8	40.4
Confused or disoriented residents.	28	70.0	59.8	58.6
Residents with bed sores.	10	25.0	11.4	7.6
Residents receiving special skin care.	25	62.5	36.0	31.4

MIDLAND, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F060 F064 F097 F110 F114 F119 F126
F132* F133* F134 F135 F140 F174 F180 F182
F185 F218* F242* F259 F260 F262 F291 F314
F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MIDMICHIGAN STRATFORD PINES NURSING HM

Street Address: 2121 ROCKWELL DR		**City and State:** MIDLAND, MI 48640	
Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	95.3	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	60	93.8	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	57	89.1	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	73.4	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	95.3	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	40.6	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	8	12.5	43.1	40.9
Residents requiring restraints.	37	57.8	39.4	30.9
Confused or disoriented residents.	40	62.5	64.1	55.4
Residents with bed sores.	7	10.9	6.4	4.8
Residents receiving special skin care.	26	40.6	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F128* F169 F191* F199 F227 F236 F257
F260 F261 F262 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PROVINCIAL HOUSE MIDLAND

Street Address: 4900 HEDGEWOOD DR		**City and State:** MIDLAND, MI 48640	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 29	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	95.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	108	90.8	87.2	84.0
Toileting Residents requiring some or total assistance in toileting	81	68.1	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	79.8	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	64.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	48	40.3	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	66	55.5	54.6	52.3
Residents requiring restraints.	76	63.9	45.8	40.4
Confused or disoriented residents.	30	25.2	59.8	56.6
Residents with bed sores.	4	3.4	11.4	7.6
Residents receiving special skin care.	47	39.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F135 F230 F239 F240 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TOWN COUNTRY NH

Street Address: 3615 E ASHMAN ST		**City and State:** MIDLAND, MI 48640	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 153	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
143	26	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	81.1	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	123	86.0	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	127	88.8	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	82.5	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	112	78.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	75	52.4	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	92	64.3	54.6	52.3
Residents requiring restraints.	52	36.4	45.8	40.4
Confused or disoriented residents.	92	64.3	59.8	58.6
Residents with bed sores.	86	60.1	11.4	7.6
Residents receiving special skin care.	20	14.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F110 F117 F118 F126 F128* F131* F133*
F170 F174 F178 F182 F191* F224 F237* F250
F258 F264 F314 F317 F341

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WEST HICKORY HAVEN

Street Address: 3310 W COMMERCE RD		**City and State:** MILFORD, MI 48042	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	18	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	92.9	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	86	87.8	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	71	72.4	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	75.5	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	83.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	27	27.6	38.6	39.1
Completely bedfast residents.	2	2.0	2.4	3.2
Residents confined to chairs.	78	79.6	54.6	52.3
Residents requiring restraints.	63	64.3	45.8	40.4
Confused or disoriented residents.	53	54.1	59.8	58.6
Residents with bed sores.	17	17.3	11.4	7.6
Residents receiving special skin care.	44	44.9	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WHITEOAK MANOR NURSING CENTER

Street Address: 205207 11TH ST		**City and State:** MIO, MI 48647	
Participation: MEDICAID ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
24	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	91.7	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	19	79.2	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	20	83.3	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	54.2	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	83.3	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	25.0	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	11	45.8	43.1	40.9
Residents requiring restraints.	9	37.5	39.4	30.9
Confused or disoriented residents.	18	75.0	64.1	55.4
Residents with bed sores.	2	8.3	6.4	4.8
Residents receiving special skin care.	5	20.8	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practice by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F237* F283 F285 F287

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BEACH NURSING HOME

Street Address: 1215 N TELEGRAPH RD		**City and State:** MONROE, MI 48161	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 192	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
180	16	106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	142	78.9	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	164	91.1	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	144	80.0	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	85.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	129	71.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	3	1.7	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	90	50.0	38.6	39.1
Completely bedfast residents.	2	1.1	2.4	3.2
Residents confined to chairs.	123	68.3	54.6	52.3
Residents requiring restraints.	84	46.7	45.8	40.4
Confused or disoriented residents.	100	55.6	59.8	58.6
Residents with bed sores.	12	6.7	11.4	7.6
Residents receiving special skin care.	20	11.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F283 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FRENCHTOWN CONVALESCENT CENTER

Street Address:
3250 N MONROE

City and State:
MONROE, MI 48161

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
229

Type of Ownership:
PROPRIETARY

Survey Date:
05/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
199

Medicare Residents:
40

Medicaid Residents:
133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	134	67.3	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	172	86.4	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	145	72.9	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	186	93.5	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	124	62.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	1.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	34.7	38.6	39.1
Completely bedfast residents.	9	4.5	2.4	3.2
Residents confined to chairs.	135	67.8	54.6	52.3
Residents requiring restraints.	78	39.2	45.8	40.4
Confused or disoriented residents.	86	43.2	59.8	58.6
Residents with bed sores.	16	8.0	11.4	7.6
Residents receiving special skin care.	60	30.2	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F175 F321 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENBROOK MANOR

Street Address: 481 VILLAGE GREEN LN		**City and State:** MONROE, MI 48161	
Participation: MEDICAID SNF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
102	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	99.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	101	99.0	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	100	98.0	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	100	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	96.1	72.2	69.4
Residents on individually written bowel and bladder retraining program.	20	19.6	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	87	85.3	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	46	45.1	54.6	52.3
Residents requiring restraints.	15	14.7	45.8	40.4
Confused or disoriented residents.	92	90.2	59.8	58.6
Residents with bed sores.	0	0.0	11.4	7.6
Residents receiving special skin care.	101	99.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	NOT MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F134 F139 F227 F321 F324* F328 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LUTHERAN HOME FOR AGED

Street Address:
1236 S MONROE ST

City and State:
MONROE, MI 48161

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
102

Type of Ownership:
NON-PROFIT RELIGIOUS

Survey Date:
05/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
101

Medicare Residents:
6

Medicaid Residents:
40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	88.1	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	90	89.1	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	74	73.3	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	100	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	65.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	34.7	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	26	25.7	54.6	52.3
Residents requiring restraints.	47	46.5	45.8	40.4
Confused or disoriented residents.	51	50.5	59.8	58.6
Residents with bed sores.	4	4.0	11.4	7.6
Residents receiving special skin care.	32	31.7	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F170 F293* F294 F314 F317 F324* F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MONROE CONV CENTER

Street Address: 120 MAPLE BLVD		**City and State:** MONROE, MI 48161	
Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	66.7	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	56	84.8	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	31	47.0	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	39.4	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	43.9	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	15.2	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	26	39.4	43.1	40.9
Residents requiring restraints.	12	18.2	39.4	30.9
Confused or disoriented residents.	31	47.0	64.1	55.4
Residents with bed sores.	1	1.5	6.4	4.8
Residents receiving special skin care.	4	6.1	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F173* F196* F199 F251 F276 F277 F278 F283
F284 F293* F297 F312 F313* F314 F325 F327
F328 F330 F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARY JAMES NURSING HOME

Street Address: 13476 N DUFFIELD RD		**City and State:** MONTROSE, MI 48457	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	9	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	90.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	49	90.7	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	45	83.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	61.1	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	79.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	21	38.9	38.6	39.1
Completely bedfast residents.	2	3.7	2.4	3.2
Residents confined to chairs.	20	37.0	54.6	52.3
Residents requiring restraints.	19	35.2	45.8	40.4
Confused or disoriented residents.	29	53.7	59.8	58.6
Residents with bed sores.	4	7.4	11.4	7.6
Residents receiving special skin care.	54	100	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MONTROSE, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F077
F105
F119
F132*
F133*
F134
F135
F170
F174
F178
F179
F180
F182
F218*
F220
F237*
F244
F260
F261
F262
F264
F273
F274
F278
F282
F283
F285
F298
F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MONTROSE CONVALESCENT HOME

Street Address: 9317 W VIENNA RD		**City and State:** MONTROSE, MI 48457	
Participation: MEDICAID ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/20/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
69	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	84.1	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	43	62.3	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	43	62.3	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	59.4	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	44.9	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	12	17.4	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	15	21.7	43.1	40.9
Residents requiring restraints.	27	39.1	39.4	30.9
Confused or disoriented residents.	44	63.8	64.1	55.4
Residents with bed sores.	8	11.6	6.4	4.8
Residents receiving special skin care.	15	21.7	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F174 F175 F191* F263 F282 F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHURCH OF CHRIST HEALTH CENTER

Street Address: 23575 15 MILE RD		**City and State:** MOUNT CLEMENS, MI 48065	
Participation: MEDICAID ICF	**# of Beds:** 130	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
127	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	67.7	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	109	85.8	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	96	75.6	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	70.1	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	76.4	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	26.8	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	95	74.8	43.1	40.9
Residents requiring restraints.	73	57.5	39.4	30.9
Confused or disoriented residents.	98	77.2	64.1	55.4
Residents with bed sores.	15	11.8	6.4	4.8
Residents receiving special skin care.	36	28.3	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
CLINTONAIRE NURSING CENTRE

Street Address: 17001 17 MILE RD		**City and State:** MOUNT CLEMENS, MI 48044	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
128	26	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	50.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	108	84.4	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	106	82.8	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	71.1	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	82.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	41	32.0	38.6	39.1
Completely bedfast residents.	1	0.8	2.4	3.2
Residents confined to chairs.	47	36.7	54.6	52.3
Residents requiring restraints.	63	49.2	45.8	40.4
Confused or disoriented residents.	59	46.1	59.8	58.6
Residents with bed sores.	19	14.8	11.4	7.6
Residents receiving special skin care.	32	25.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

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THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F132* F133* F180 F199 F211

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARTHA T BERRY MEDICAL CARE FACILITY

Street Address: 43533 ELIZABETH RD		**City and State:** MOUNT CLEMENS, MI 48043	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 218	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
178	57	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	162	91.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	173	97.2	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	173	97.2	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	174	97.8	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	167	93.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	0.6	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	109	61.2	38.6	39.1
Completely bedfast residents.	23	12.9	2.4	3.2
Residents confined to chairs.	135	75.8	54.6	52.3
Residents requiring restraints.	131	73.6	45.8	40.4
Confused or disoriented residents.	103	57.9	59.8	58.6
Residents with bed sores.	40	22.5	11.4	7.6
Residents receiving special skin care.	129	72.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requiros facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F133* F167* F169 F170 F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST JOSEPH'S LVING CC CLINTON-EAST

Street Address: 37700 HARPER		**City and State:** MOUNT CLEMENS, MI 48043	
Participation: MEDICAID ICF	**# of Beds:** 264	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
250	0	216

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	239	95.6	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	199	79.6	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	163	65.2	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	194	77.6	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	152	60.8	64.6	59.1
Residents on individually written bowel and bladder retraining program.	1	0.4	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	70	28.0	30.3	30.4
Completely bedfast residents.	2	0.8	1.1	2.8
Residents confined to chairs.	153	61.2	43.1	40.9
Residents requiring restraints.	95	38.0	39.4	30.9
Confused or disoriented residents.	151	60.4	64.1	55.4
Residents with bed sores.	35	14.0	6.4	4.8
Residents receiving special skin care.	91	36.4	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F128* F130 F139 F170 F175 F314 F315
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ISABELLA CO MEDICAL CARE FACILITY

Street Address: 1222 NORTH DR		**City and State:** MOUNT PLEASANT, MI 48858	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	25	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	90.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	63	96.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	62	95.4	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	96.9	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	73.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	35	53.8	38.6	39.1
Completely bedfast residents.	5	7.7	2.4	3.2
Residents confined to chairs.	61	93.8	54.6	52.3
Residents requiring restraints.	50	76.9	45.8	40.4
Confused or disoriented residents.	40	61.5	59.8	58.6
Residents with bed sores.	6	9.2	11.4	7.6
Residents receiving special skin care.	43	66.2	36.0	31.4

MOUNT PLEASANT, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F117 F118 F119 F131* F132* F133*
F134 F135 F173* F175 F180 F182 F207 F217
F239 F240 F256 F257 F259 F260 F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MT PLEASANT TOTAL LIVING CENTER

Street Address: 1524 PORTABELLA RD	**City and State:** MOUNT PLEASANT, MI 48858

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	41	100	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	41	100	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	100	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	100	72.2	69.4
Residents on individually written bowel and bladder retraining program.	20	48.8	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	25	61.0	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	31	75.6	54.6	52.3
Residents requiring restraints.	0	0.0	45.8	40.4
Confused or disoriented residents.	41	100	59.8	58.6
Residents with bed sores.	0	0.0	11.4	7.6
Residents receiving special skin care.	23	56.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F060 F064 F097 F131* F169 F170 F174
F175 F176 F180 F182 F261 F277 F285 F289
F314 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PLEASANT MANOR INC

Street Address:
400 SOUTH CRAPO ST

City and State:
MOUNT PLEASANT, MI 48858

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
112

Type of Ownership:
PROPRIETARY

Survey Date:
02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
112	9	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	95.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	100	89.3	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	92	82.1	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	90.2	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	60.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	47	42.0	38.6	39.1
Completely bedfast residents.	1	0.9	2.4	3.2
Residents confined to chairs.	56	50.0	54.6	52.3
Residents requiring restraints.	4	3.6	45.8	40.4
Confused or disoriented residents.	71	63.4	59.8	58.6
Residents with bed sores.	6	5.4	11.4	7.6
Residents receiving special skin care.	23	20.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F095 F107 F131* F133* F173* F174 F175 F182
F189 F199 F207 F240 F262 F289

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUPERIOR SHORES NURSING CTR

Street Address: 300 W CITY PARK DR		**City and State:** MUNISING, MI 49862	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	10	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	88.6	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	97	92.4	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	92	87.6	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	78.1	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	74.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	42	40.0	38.6	39.1
Completely bedfast residents.	2	1.9	2.4	3.2
Residents confined to chairs.	66	62.9	54.6	52.3
Residents requiring restraints.	56	53.3	45.8	40.4
Confused or disoriented residents.	72	68.6	59.8	58.6
Residents with bed sores.	12	11.4	11.4	7.6
Residents receiving special skin care.	25	23.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F127* F128* F139 F173* F314 F324*
F356

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROOKHAVEN

Street Address: 1890 APPLE AVE		**City and State:** MUSKEGON, MI 49442	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 218	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Scurces of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
214	28	166

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	174	81.3	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	181	84.6	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	150	70.1	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	74.8	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	159	74.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	3	1.4	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	92	43.0	38.6	39.1
Completely bedfast residents.	7	3.3	2.4	3.2
Residents confined to chairs.	154	72.0	54.6	52.3
Residents requiring restraints.	122	57.0	45.8	40.4
Confused or disoriented residents.	139	65.0	59.8	58.6
Residents with bed sores.	26	12.1	11.4	7.6
Residents receiving special skin care.	71	33.2	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F126 F133* F169 F170 F173* F174 F175
F224 F236 F237* F242* F260 F261 F262 F263
F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHRISTIAN CONV HOME

Street Address: 1275 KENNETH AVE		**City and State:** MUSKEGON, MI 49447	
Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	79.2	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	40	83.3	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	34	70.8	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	56.3	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	64.6	64.6	59.1
Residents on individually written bowel and bladder retraining program.	14	29.2	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	21	43.8	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	16	33.3	43.1	40.9
Residents requiring restraints.	23	47.9	39.4	30.9
Confused or disoriented residents.	40	83.3	64.1	55.4
Residents with bed sores.	0	0.0	6.4	4.8
Residents receiving special skin care.	23	47.9	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F119 F130 F135 F170 F174 F175 F176
F177 F224 F236 F237* F242* F243 F260 F261
F283 F314 F328 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DEBOER NURS HMES

Street Address: 1684 VULCAN ST	**City and State:** MUSKEGON, MI 49442

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	19	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	81.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	73	86.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	62	73.8	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	75.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	54.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	2.4	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	31	36.9	38.6	39.1
Completely bedfast residents.	6	7.1	2.4	3.2
Residents confined to chairs.	52	61.9	54.6	52.3
Residents requiring restraints.	40	47.6	45.8	40.4
Confused or disoriented residents.	45	53.6	59.8	58.6
Residents with bed sores.	11	13.1	11.4	7.6
Residents receiving special skin care.	25	29.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F133* F169 F174 F175 F182 F199 F211 F219
F224 F236 F237* F242* F260 F261 F263 F273
F285 F289 F314 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLCREST NURSING CENTRE

Street Address: 695 MITIZI ST		**City and State:** MUSKEGON, MI 49445	
Participation: MEDICAID ICF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	83.9	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	52	83.9	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	41	66.1	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	66.1	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	54.8	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	27	43.5	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	22	35.5	43.1	40.9
Residents requiring restraints.	25	40.3	39.4	30.9
Confused or disoriented residents.	54	87.1	64.1	55.4
Residents with bed sores.	4	6.5	6.4	4.8
Residents receiving special skin care.	18	29.0	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F126 F127* F131* F168* F169 F170 F173*
F174 F175 F176 F177 F191* F236 F237* F244
F260 F261 F263 F286

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KNOLLVIEW MANOR

Street Address: 1061 W HACKLEY		**City and State:** MUSKEGON, MI 49441	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/07/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
106	3	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	58.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	100	94.3	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	90	84.9	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	86.8	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	73.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	1.9	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	52	49.1	38.6	39.1
Completely bedfast residents.	5	4.7	2.4	3.2
Residents confined to chairs.	45	42.5	54.6	52.3
Residents requiring restraints.	60	56.6	45.8	40.4
Confused or disoriented residents.	59	55.7	59.8	58.6
Residents with bed sores.	12	11.3	11.4	7.6
Residents receiving special skin care.	49	46.2	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F119 F120 F127* F131* F134 F135 F170
F171 F174 F175 F176 F180 F191* F236 F237*
F260 F263 F278 F285 F289 F294 F314 F321
F332* F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARK MANOR CARE CENTER

Street Address: 2333 JARMON		**City and State:** MUSKEGON, MI 49444	
Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	68.0	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	17	68.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	17	68.0	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	44.0	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	60.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	18	72.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	1	4.0	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	5	20.0	43.1	40.9
Residents requiring restraints.	9	36.0	39.4	30.9
Confused or disoriented residents.	10	40.0	64.1	55.4
Residents with bed sores.	1	4.0	6.4	4.8
Residents receiving special skin care.	1	4.0	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/NOT MET 87/88	FACILITY MET/NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F084 F085* F101 F102 F117 F119 F126
F127* F132* F133* F134 F135 F170 F173* F174
F175 F191* F236 F237* F242* F243 F250 F257
F260 F263 F264 F278 F287 F289 F313* F314
F328 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROOSEVELT PARK NURSING CENTRE INC

Street Address: 1300 W BROADWAY AVE

City and State: MUSKEGON, MI 49441

Participation: MEDICAID ICF

# of Beds: 69

Type of Ownership: PROPRIETARY

Survey Date: 12/09/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66

Medicare Residents: 0

Medicaid Residents: 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	98.5	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	57	86.4	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	44	66.7	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	71.2	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	72.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	2	3.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	30.3	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	25	37.9	43.1	40.9
Residents requiring restraints.	21	31.8	39.4	30.9
Confused or disoriented residents.	42	63.6	64.1	55.4
Residents with bed sores.	4	6.1	6.4	4.8
Residents receiving special skin care.	18	27.3	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	29	25.2	2043	38.6

eminder: The results of the full survey are available
om the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F119 F126 F131* F135 F170 F174 F175
F176 F190 F191* F224 F236 F260 F263 F278
F314 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHERMAN OAKS CARE CTR

Street Address: 1380 E SHERMAN BLVD		**City and State:** MUSKEGON, MI 49444	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/13/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	8	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	60.4	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	83	86.5	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	72	75.0	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	65.6	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	62.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	36.5	38.6	39.1
Completely bedfast residents.	6	6.3	2.4	3.2
Residents confined to chairs.	69	71.9	54.6	52.3
Residents requiring restraints.	41	42.7	45.8	40.4
Confused or disoriented residents.	45	46.9	59.8	58.6
Residents with bed sores.	11	11.5	11.4	7.6
Residents receiving special skin care.	31	32.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants	MET	NOT MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F119 F120 F126 F128* F134 F167* F169
F170 F171 F173* F174 F175 F176 F178 F207
F217 F218* F236 F237* F242* F260 F261 F262
F264 F314 F321 F322* F336 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
UNIVERSITY PARK CARE CENTER

Street Address: 570 HARVEY ST		**City and State:** MUSKEGON, MI 49442	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/07/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	7	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	67.3	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	73	74.5	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	64	65.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	59.2	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	62.2	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	2.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	30.6	38.6	39.1
Completely bedfast residents.	2	2.0	2.4	3.2
Residents confined to chairs.	47	48.0	54.6	52.3
Residents requiring restraints.	38	38.8	45.8	40.4
Confused or disoriented residents.	51	52.0	59.8	58.6
Residents with bed sores.	6	6.1	11.4	7.6
Residents receiving special skin care.	30	30.6	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F174 F175 F261 F263 F314 F330

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HELEN NEWBERRY JOY HOSP

Street Address: 502 W HARRIE ST		**City and State:** NEWBERRY, MI 49868	
Participation: MEDICAID ICF	**# of Beds:** 31	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	87.1	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	29	93.5	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	27	87.1	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	100	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	87.1	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	32.3	30.3	30.4
Completely bedfast residents.	1	3.2	1.1	2.8
Residents confined to chairs.	25	80.6	43.1	40.9
Residents requiring restraints.	22	71.0	39.4	30.9
Confused or disoriented residents.	31	100	64.1	55.4
Residents with bed sores.	1	3.2	6.4	4.8
Residents receiving special skin care.	7	22.6	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F117 F134 F170 F173* F175 F186
F199 F250 F256 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIVERIDGE MANOR

Street Address: 1333 WELLS ST		**City and State:** NILES, MI 49120	
Participation: MEDICAID ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	73.5	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	62	74.7	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	50	60.2	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	59.0	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	48.2	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	24	28.9	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	55	66.3	43.1	40.9
Residents requiring restraints.	35	42.2	39.4	30.9
Confused or disoriented residents.	52	62.7	64.1	55.4
Residents with bed sores.	8	9.6	6.4	4.8
Residents receiving special skin care.	2	2.4	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128* F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SILVERBROOK MANOR

Street Address:
911 S 3RD ST PO BOX 417

City and State:
NILES, MI 49120

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
100

Type of Ownership:
PROPRIETARY

Survey Date:
07/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
94

Medicare Residents:
3

Medicaid Residents:
77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	77.7	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	81	86.2	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	69	73.4	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	81.9	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	62.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	33.0	38.6	39.1
Completely bedfast residents.	3	3.2	2.4	3.2
Residents confined to chairs.	42	44.7	54.6	52.3
Residents requiring restraints.	51	54.3	45.8	40.4
Confused or disoriented residents.	53	56.4	59.8	58.6
Residents with bed sores.	12	12.8	11.4	7.6
Residents receiving special skin care.	13	13.8	36.0	31.4

NILES, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F076 F131* F134 F170 F173* F175 F180
F197 F199 F230 F232 F257 F278 F285 F295
F314 F332* F340* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WOODFIELD MANOR INC

Street Address: 1211 STATE LINE RD		**City and State:** NILES, MI 49120	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	7	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	87.4	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	72	82.8	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	66	75.9	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	79.3	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	64.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	23	26.4	38.6	39.1
Completely bedfast residents.	3	3.4	2.4	3.2
Residents confined to chairs.	68	78.2	54.6	52.3
Residents requiring restraints.	50	57.5	45.8	40.4
Confused or disoriented residents.	56	64.4	59.8	58.6
Residents with bed sores.	8	9.2	11.4	7.6
Residents receiving special skin care.	4	4.6	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F123* F124 F126 F127* F128* F129* F132*
F133* F134 F135 F170 F173* F174 F175 F180
F196* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEELANAU MEMORIAL HOSP SNF

Street Address: 215 S HIGH ST	**City and State:** NORTHPORT, MI 49670

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	7	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	85.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	50	83.3	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	43	71.7	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	71.7	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	65.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	36.7	38.6	39.1
Completely bedfast residents.	1	1.7	2.4	3.2
Residents confined to chairs.	40	66.7	54.6	52.3
Residents requiring restraints.	33	55.0	45.8	40.4
Confused or disoriented residents.	41	68.3	59.8	58.6
Residents with bed sores.	6	10.0	11.4	7.6
Residents receiving special skin care.	20	33.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	NOT MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F054 F070 F076 F077 F079* F080* F085* F101
F102 F119 F126 F127* F130 F131* F133* F134
F135 F139 F169 F170 F173* F174 F175 F176
F180 F182 F185 F186 F191* F224 F227 F231
F236 F237* F242* F244 F261 F262 F263 F321
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STAR MANOR OF NORTHVILLE

Street Address: 520 W MAIN ST		**City and State:** NORTHVILLE, MI 48167	
Participation: MEDICAID ICF	**# of Beds:** 37	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/28/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	100	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	34	91.9	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	29	78.4	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	78.4	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	67.6	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	21.6	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	12	32.4	43.1	40.9
Residents requiring restraints.	5	13.5	39.4	30.9
Confused or disoriented residents.	29	78.4	64.1	55.4
Residents with bed sores.	2	5.4	6.4	4.8
Residents receiving special skin care.	10	27.0	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NORTHVILLE, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F224 F281 F283 F288 F289 F292 F294
F328 F352

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NOVI CARE CENTER

Street Address: 24500 MEADOWBROOK		**City and State:** NOVI, MI 48050	
Participation: MEDICAID ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
139	0	125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	134	96.4	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	119	85.6	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	116	83.5	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	62.6	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	83.5	64.6	59.1
Residents on individually written bowel and bladder retraining program.	4	2.9	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	18.0	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	92	66.2	43.1	40.9
Residents requiring restraints.	43	30.9	39.4	30.9
Confused or disoriented residents.	124	89.2	64.1	55.4
Residents with bed sores.	14	10.1	6.4	4.8
Residents receiving special skin care.	14	10.1	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

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			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WHITEHALL CONV HOME

Street Address: 43455 W 10 MILE RD		**City and State:** NOVI, MI 48050	
Participation: MEDICAID ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
81	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	100	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	77	95.1	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	70	86.4	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	80.2	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	80.2	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	34	42.0	30.3	30.4
Completely bedfast residents.	2	2.5	1.1	2.8
Residents confined to chairs.	40	49.4	43.1	40.9
Residents requiring restraints.	14	17.3	39.4	30.9
Confused or disoriented residents.	66	81.5	64.1	55.4
Residents with bed sores.	3	3.7	6.4	4.8
Residents receiving special skin care.	12	14.8	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F224 F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
INGHAM COUNTY MEDICAL CARE FACILITY

Street Address: 3860 DOBIE RD		**City and State:** OKEMOS, MI 48864	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 204	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
204	17	144

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	152	74.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	183	89.7	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	176	86.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	175	85.8	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	146	71.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	3	1.5	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	107	52.5	38.6	39.1
Completely bedfast residents.	4	2.0	2.4	3.2
Residents confined to chairs.	167	81.9	54.6	52.3
Residents requiring restraints.	176	86.3	45.8	40.4
Confused or disoriented residents.	130	63.7	59.8	58.6
Residents with bed sores.	22	10.8	11.4	7.6
Residents receiving special skin care.	154	75.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F118 F119 F126 F129* F130 F132* F133*
F134 F135 F170 F174 F175 F178 F180 F182
F185 F224 F262 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAPLE MANOR NURSING CTR

Street Address: 102 SECOND ST		**City and State:** ONTONAGON, MI 49953	
Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	90.6	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	37	57.8	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	34	53.1	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	51.6	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	45.3	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	14	21.9	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	30	46.9	43.1	40.9
Residents requiring restraints.	18	28.1	39.4	30.9
Confused or disoriented residents.	33	51.6	64.1	55.4
Residents with bed sores.	2	3.1	6.4	4.8
Residents receiving special skin care.	2	3.1	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F199 F285 F314 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ONTONAGON MEMORIAL HOSPITAL LTCU

Street Address: 601 SEVENTH ST		**City and State:** ONTONAGON, MI 49953	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 46	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	3	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	82.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	37	82.2	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	35	77.8	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	100	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	77.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	28.9	38.6	39.1
Completely bedfast residents.	1	2.2	2.4	3.2
Residents confined to chairs.	34	75.6	54.6	52.3
Residents requiring restraints.	30	66.7	45.8	40.4
Confused or disoriented residents.	28	62.2	59.8	58.6
Residents with bed sores.	5	11.1	11.4	7.6
Residents receiving special skin care.	33	73.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE #	STATE %	NATION #	NATION %
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F126 F134 F135 F180 F199 F222 F224
F289 F295 F314 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ORTONVILLE N H

Street Address: 330 SHERMAN COURT		**City and State:** ORTONVILLE, MI 48462	
Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/27/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	94.0	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	42	84.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	35	70.0	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	78.0	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	70.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	44.0	30.3	30.4
Completely bedfast residents.	3	6.0	1.1	2.8
Residents confined to chairs.	35	70.0	43.1	40.9
Residents requiring restraints.	24	48.0	39.4	30.9
Confused or disoriented residents.	34	68.0	64.1	55.4
Residents with bed sores.	4	8.0	6.4	4.8
Residents receiving special skin care.	10	20.0	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OVID CONV MANOR

Street Address: 9480 M-21 WEST	**City and State:** OVID, MI 48866

Participation: MEDICAID ICF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	90.3	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	61	98.4	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	53	85.5	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	88.7	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	93.5	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	25.8	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	50	80.6	43.1	40.9
Residents requiring restraints.	53	85.5	39.4	30.9
Confused or disoriented residents.	57	91.9	64.1	55.4
Residents with bed sores.	7	11.3	6.4	4.8
Residents receiving special skin care.	6	9.7	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F170 F174 F199 F218* F264 F277 F283
F287

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEMORIAL HOSPITAL LTCU,THE

Street Address: 826 W KING ST		**City and State:** OWOSSO, MI 48867	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 9	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/30/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
5	4	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	5	100	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	5	100	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	60.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	3	60.0	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	2	40.0	54.6	52.3
Residents requiring restraints.	0	0.0	45.8	40.4
Confused or disoriented residents.	2	40.0	59.8	58.6
Residents with bed sores.	2	40.0	11.4	7.6
Residents receiving special skin care.	2	40.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F131* F132* F134 F170 F173* F180 F182
F314 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FULTON MEDICAL CARE CENTER

Street Address: 4735 RANGER ROAD		**City and State:** PERRINTON, MI 48871	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	98.0	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	48	98.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	43	87.8	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	98.0	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	100	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	34.7	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	27	55.1	43.1	40.9
Residents requiring restraints.	4	8.2	39.4	30.9
Confused or disoriented residents.	30	61.2	64.1	55.4
Residents with bed sores.	2	4.1	6.4	4.8
Residents receiving special skin care.	7	14.3	28.5	23.5

PERRINTON, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	NOT MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F131* F134 F170 F174 F175 F227 F237*
F260 F262 F263 F264 F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BORTZ HEALTH CARE OF PETOSKEY

Street Address: 1500 SPRING ST		**City and State:** PETOSKEY, MI 49770	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	19	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	99.1	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	110	96.5	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	106	93.0	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	87.7	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	113	99.1	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	31	27.2	38.6	39.1
Completely bedfast residents.	2	1.8	2.4	3.2
Residents confined to chairs.	47	41.2	54.6	52.3
Residents requiring restraints.	34	29.8	45.8	40.4
Confused or disoriented residents.	70	61.4	59.8	58.6
Residents with bed sores.	5	4.4	11.4	7.6
Residents receiving special skin care.	114	100	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F174 F180 F224 F236 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SCHEURER HOSPITAL

Street Address: 170 N CASEVILLE RD		**City and State:** PIGEON, MI 48755	
Participation: MEDICAID ICF	**# of Beds:** 19	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 19	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	100	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	18	94.7	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	18	94.7	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	89.5	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	57.9	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	7	36.8	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	12	63.2	43.1	40.9
Residents requiring restraints.	10	52.6	39.4	30.9
Confused or disoriented residents.	9	47.4	64.1	55.4
Residents with bed sores.	0	0.0	6.4	4.8
Residents receiving special skin care.	3	15.8	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F135 F169 F170 F224 F261 F263 F294
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIDGEWOOD CARE CENTER

Street Address: 320 BRIGHAM ST		**City and State:** PLAINWELL, MI 49080	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	3	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	90.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	100	86.2	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	86	74.1	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	62.9	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	62.1	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	29	25.0	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	32	27.6	54.6	52.3
Residents requiring restraints.	58	50.0	45.8	40.4
Confused or disoriented residents.	66	56.9	59.8	58.6
Residents with bed sores.	6	5.2	11.4	7.6
Residents receiving special skin care.	116	100	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F128* F131* F132* F134 F135 F170 F174
F175 F218* F256 F260 F261 F283 F285 F288
F295

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PLAINWELL PINES NURSING CENTRE

Street Address: 3260 EAST B AVENUE		**City and State:** PLAINWELL, MI 49080	
Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	58.2	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	28	50.9	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	50.9	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	43.6	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	56.4	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	27.3	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	9	16.4	43.1	40.9
Residents requiring restraints.	13	23.6	39.4	30.9
Confused or disoriented residents.	35	63.6	64.1	55.4
Residents with bed sores.	0	0.0	6.4	4.8
Residents receiving special skin care.	1	1.8	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F175 F262 F263 F288 F317

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PLYMOUTH COURT

Street Address: 105 HAGGERTY RD		**City and State:** PLYMOUTH, MI 48170	
Participation: MEDICARE SNF	**# of Beds:** 129	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
104	24	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	54.8	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	96	92.3	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	94	90.4	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	90.4	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	73.1	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	39.4	38.6	39.1
Completely bedfast residents.	4	3.8	2.4	3.2
Residents confined to chairs.	70	67.3	54.6	52.3
Residents requiring restraints.	48	46.2	45.8	40.4
Confused or disoriented residents.	67	64.4	59.8	58.6
Residents with bed sores.	15	14.4	11.4	7.6
Residents receiving special skin care.	27	26.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F288 F321 F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WEST TRAIL NURSING HOME

Street Address: 395 W ANN ARBOR TR		**City and State:** PLYMOUTH, MI 48170	
Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
38	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	60.5	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	38	100	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	34	89.5	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	78.9	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	94.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	92.1	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	29	76.3	43.1	40.9
Residents requiring restraints.	24	63.2	39.4	30.9
Confused or disoriented residents.	32	84.2	64.1	55.4
Residents with bed sores.	10	26.3	6.4	4.8
Residents receiving special skin care.	18	47.4	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	[illegible]	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F191* F282 F283 F315

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BORTZ HEALTH CARE OF OAKLAND

Street Address: 1255 W SILVERBELL		**City and State:** PONTIAC, MI 48057	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	11	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	90.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	81	88.0	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	72	78.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	82.6	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	93.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	27	29.3	38.6	39.1
Completely bedfast residents.	1	1.1	2.4	3.2
Residents confined to chairs.	80	87.0	54.6	52.3
Residents requiring restraints.	63	68.5	45.8	40.4
Confused or disoriented residents.	87	94.6	59.8	58.6
Residents with bed sores.	21	22.8	11.4	7.6
Residents receiving special skin care.	26	28.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F128* F170 F264 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LOURDES

Street Address: 2300 WATKINS LAKE RD		**City and State:** PONTIAC, MI 48054	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	7	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	98.1	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	106	99.1	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	92	86.0	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	100	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	89.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	54.2	38.6	39.1
Completely bedfast residents.	4	3.7	2.4	3.2
Residents confined to chairs.	62	57.9	54.6	52.3
Residents requiring restraints.	72	67.3	45.8	40.4
Confused or disoriented residents.	85	79.4	59.8	58.6
Residents with bed sores.	7	6.5	11.4	7.6
Residents receiving special skin care.	54	50.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAKLAND CTY MEDICAL CARE FACILITY

Street Address: 2200 N TELEGRAPH RD		**City and State:** PONTIAC, MI 48053	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	80	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	119	100	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	119	100	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	119	100	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	116	97.5	38.6	39.1
Completely bedfast residents.	5	4.2	2.4	3.2
Residents confined to chairs.	112	94.1	54.6	52.3
Residents requiring restraints.	25	21.0	45.8	40.4
Confused or disoriented residents.	107	89.9	59.8	58.6
Residents with bed sores.	38	31.9	11.4	7.6
Residents receiving special skin care.	119	100	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F133* F169 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PONTIAC NURSING CTR

Street Address: 532 ORCHARD LAKE AVE	**City and State:** PONTIAC, MI 48053

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 360	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 285	**Medicare Residents:** 43	**Medicaid Residents:** 231

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	232	81.4	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	203	71.2	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	177	62.1	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	177	62.1	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	175	61.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	27.7	38.6	39.1
Completely bedfast residents.	15	5.3	2.4	3.2
Residents confined to chairs.	139	48.8	54.6	52.3
Residents requiring restraints.	83	29.1	45.8	40.4
Confused or disoriented residents.	174	61.1	59.8	58.6
Residents with bed sores.	30	10.5	11.4	7.6
Residents receiving special skin care.	133	46.7	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

PONTIAC, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F129* F133* F134 F170 F259 F321 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EVANGELICAL HOME PORT HURON

Street Address: 5635 LAKESHORE	**City and State:** PORT HURON, MI 48060

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 182	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
170	8	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	157	92.4	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	157	92.4	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	144	84.7	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	170	100	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	118	69.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	1.2	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	64	37.6	38.6	39.1
Completely bedfast residents.	7	4.1	2.4	3.2
Residents confined to chairs.	94	55.3	54.6	52.3
Residents requiring restraints.	113	66.5	45.8	40.4
Confused or disoriented residents.	100	58.8	59.8	58.6
Residents with bed sores.	20	11.8	11.4	7.6
Residents receiving special skin care.	60	35.3	36.0	31.4

PORT HURON, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F128* F131* F133* F174 F175 F176 F178
F182 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARWOOD MANOR INC

Street Address: 1300 BEARD ST	**City and State:** PORT HURON, MI 48060

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 252	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
225	21	145

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	187	83.1	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	208	92.4	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	190	84.4	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	204	90.7	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	186	82.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	85	37.8	38.6	39.1
Completely bedfast residents.	1	0.4	2.4	3.2
Residents confined to chairs.	187	83.1	54.6	52.3
Residents requiring restraints.	151	67.1	45.8	40.4
Confused or disoriented residents.	164	72.9	59.8	58.6
Residents with bed sores.	30	13.3	11.4	7.6
Residents receiving special skin care.	59	26.2	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

PORT HURON, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F074 F118 F126 F128* F129* F131* F132*
F133* F134 F170 F173* F174 F175 F180 F182
F224 F237* F256 F257 F278

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PINECREST MEDICAL CARE FACILITY

Street Address: PO BOX 603		**City and State:** POWERS, MI 49874	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159	**Medicare Residents:** 15	**Medicaid Residents:** 131

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	154	96.9	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	152	95.6	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	138	86.8	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	91.2	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	127	79.9	72.2	69.4
Residents on individually written bowel and bladder retraining program.	4	2.5	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	62	39.0	38.6	39.1
Completely bedfast residents.	2	1.3	2.4	3.2
Residents confined to chairs.	129	81.1	54.6	52.3
Residents requiring restraints.	88	55.3	45.8	40.4
Confused or disoriented residents.	88	55.3	59.8	58.6
Residents with bed sores.	2	1.3	11.4	7.6
Residents receiving special skin care.	69	43.4	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

POWERS, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F129* F131* F134 F169 F170 F174 F175 F176
F180 F182 F217 F224 F236 F237* F242* F244
F260 F261 F272 F294 F313* F314 F317 F321
F324* F328 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
REED CITY HOSPITAL LTCU

Street Address: 7665 PATTERSON RD	**City and State:** REED CITY, MI 49677

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 54	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/20/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 5	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	79.6	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	49	90.7	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	50	92.6	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	88.9	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	70.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	46.3	38.6	39.1
Completely bedfast residents.	5	9.3	2.4	3.2
Residents confined to chairs.	44	81.5	54.6	52.3
Residents requiring restraints.	10	18.5	45.8	40.4
Confused or disoriented residents.	15	27.8	59.8	58.6
Residents with bed sores.	2	3.7	11.4	7.6
Residents receiving special skin care.	7	13.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	NOT MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F070 F075 F095 F122* F170 F174 F175 F195
F196* F236 F261 F263 F277 F314 F316 F324*
F328 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEDILODGE OF RICHMOND

Street Address: 34901 DIVISION RD		**City and State:** RICHMOND, MI 48062	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	85.7	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	94	83.9	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	84	75.0	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	81.3	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	84.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	22.3	38.6	39.1
Completely bedfast residents.	2	1.8	2.4	3.2
Residents confined to chairs.	72	64.3	54.6	52.3
Residents requiring restraints.	64	57.1	45.8	40.4
Confused or disoriented residents.	79	70.5	59.8	58.6
Residents with bed sores.	19	17.0	11.4	7.6
Residents receiving special skin care.	31	27.7	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F314 F317 F321 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARIAN MANOR MEDICAL CENTER

Street Address: 18591 QUARRY RD		**City and State:** RIVERVIEW, MI 48192	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/08/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
73	7	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	76.7	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	65	89.0	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	52	71.2	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	97.3	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	75.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	4	5.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	28.8	38.6	39.1
Completely bedfast residents.	1	1.4	2.4	3.2
Residents confined to chairs.	30	41.1	54.6	52.3
Residents requiring restraints.	45	61.6	45.8	40.4
Confused or disoriented residents.	57	78.1	59.8	58.6
Residents with bed sores.	21	28.8	11.4	7.6
Residents receiving special skin care.	17	23.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F068 F085* F100 F102 F109 F126 F130 F134
F136 F139 F167* F169 F170 F173* F175 F199
F287 F294 F303 F305 F306 F317 F324* F326
F327 F328 F331 F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIVERGATE CONV CENTER

Street Address: 14041 PENNSYLVANIA RD		**City and State:** RIVERVIEW, MI 48192	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 223	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
213	57	122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	167	78.4	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	193	90.6	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	175	82.2	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	191	89.7	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	172	80.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	115	54.0	38.6	39.1
Completely bedfast residents.	25	11.7	2.4	3.2
Residents confined to chairs.	137	64.3	54.6	52.3
Residents requiring restraints.	117	54.9	45.8	40.4
Confused or disoriented residents.	139	65.3	59.8	58.6
Residents with bed sores.	71	33.3	11.4	7.6
Residents receiving special skin care.	71	33.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057 F102 F110 F127* F133* F217 F258

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIVERGATE TERRACE

Street Address: 14141 PENNSYLVANIA RD		**City and State:** RIVERVIEW, MI 48192	
Participation: MEDICAID ICF	**# of Beds:** 292	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/08/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
278	0	251

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	159	57.2	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	176	63.3	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	187	67.3	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	165	59.4	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	134	48.2	64.6	59.1
Residents on individually written bowel and bladder retraining program.	3	1.1	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	50	18.0	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	117	42.1	43.1	40.9
Residents requiring restraints.	93	33.5	39.4	30.9
Confused or disoriented residents.	163	58.6	64.1	55.4
Residents with bed sores.	14	5.0	6.4	4.8
Residents receiving special skin care.	62	22.3	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F130 F135 F170 F224 F278 F287 F314
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERCY BELLBROOK

Street Address:
873 W AVON RD

City and State:
ROCHESTER HILLS, MI 48063

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	66	NON-PROFIT RELIGIOUS	02/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	13	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	60.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	44	73.3	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	42	70.0	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	66.7	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	60.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	21.7	38.6	39.1
Completely bedfast residents.	1	1.7	2.4	3.2
Residents confined to chairs.	22	36.7	54.6	52.3
Residents requiring restraints.	21	35.0	45.8	40.4
Confused or disoriented residents.	17	28.3	59.8	58.6
Residents with bed sores.	15	25.0	11.4	7.6
Residents receiving special skin care.	24	40.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	NOT MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: [illegible] selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

ROCHESTER HILLS, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F098 F099 F100 F101 F102 F123* F124
F125* F126 F127* F128* F129* F130 F134 F135
F139 F142 F167* F168* F169 F170 F179 F180
F181* F191* F207 F211 F217 F321 F328 F338
F339 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PEACHWOOD INN

Street Address: 3500 W SOUTH BLVD

City and State: ROCHESTER HILLS, MI 48309

Participation: MEDICARE SNF

# of Beds: 186

Type of Ownership: PROPRIETARY

Survey Date: 11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147

Medicare Residents: 25

Medicaid Residents: 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	68.0	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	121	82.3	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	108	73.5	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	73.5	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	61.9	72.2	69.4
Residents on individually written bowel and bladder retraining program.	8	5.4	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	28.6	38.6	39.1
Completely bedfast residents.	7	4.8	2.4	3.2
Residents confined to chairs.	62	42.2	54.6	52.3
Residents requiring restraints.	42	28.6	45.8	40.4
Confused or disoriented residents.	69	46.9	59.8	58.6
Residents with bed sores.	11	7.5	11.4	7.6
Residents receiving special skin care.	32	21.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
AVONDALE CONV CTR

Street Address: 1480 WALTON BLVD	**City and State:** ROCHESTER, MI 48063

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/29/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	**Medicare Residents:** 5	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	79.6	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	138	87.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	125	79.6	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	79.6	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	74.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	56	35.7	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	82	52.2	54.6	52.3
Residents requiring restraints.	94	59.9	45.8	40.4
Confused or disoriented residents.	85	54.1	59.8	58.6
Residents with bed sores.	23	14.6	11.4	7.6
Residents receiving special skin care.	33	21.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F134 F135 F136 F139 F170 F180 F278
F283 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROGERS CITY HOSPITAL LTCU

Street Address: 555 N BRADLEY		**City and State:** ROGERS CITY, MI 49779	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 49	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	1	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	85.4	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	42	87.5	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	37	77.1	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	81.3	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	68.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	35.4	38.6	39.1
Completely bedfast residents.	1	2.1	2.4	3.2
Residents confined to chairs.	29	60.4	54.6	52.3
Residents requiring restraints.	7	14.6	45.8	40.4
Confused or disoriented residents.	23	47.9	59.8	58.6
Residents with bed sores.	4	8.3	11.4	7.6
Residents receiving special skin care.	40	83.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057 F119 F132* F199 F207 F224 F236 F294
F317 F328 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEDILODGE OF ROMEO HOME NO 1

Street Address: 309 S BAILEY		**City and State:** ROMEO, MI 48065	
Participation: MEDICAID ICF	**# of Beds:** 33	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	87.1	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	25	80.6	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	25	80.6	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	80.6	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	64.5	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	58.1	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	19	61.3	43.1	40.9
Residents requiring restraints.	16	51.6	39.4	30.9
Confused or disoriented residents.	23	74.2	64.1	55.4
Residents with bed sores.	4	12.9	6.4	4.8
Residents receiving special skin care.	8	25.8	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROMEO NURSING CENTER

Street Address: 250 DENBY ST		**City and State:** ROMEO, MI 48065	
Participation: MEDICAID ICF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	82.4	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	29	85.3	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	24	70.6	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	97.1	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	70.6	64.6	59.1
Residents on individually written bowel and bladder retraining program.	1	2.9	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	15	44.1	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	13	38.2	43.1	40.9
Residents requiring restraints.	13	38.2	39.4	30.9
Confused or disoriented residents.	16	47.1	64.1	55.4
Residents with bed sores.	1	2.9	6.4	4.8
Residents receiving special skin care.	3	8.8	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BORTZ HEALTH CARE OF ROSE CITY

Street Address: 517 W PAGE ST		**City and State:** ROSE CITY, MI 48654	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
131	16	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	81.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	102	77.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	94	71.8	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	71.8	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	56.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	23	17.6	38.6	39.1
Completely bedfast residents.	2	1.5	2.4	3.2
Residents confined to chairs.	67	51.1	54.6	52.3
Residents requiring restraints.	26	19.8	45.8	40.4
Confused or disoriented residents.	79	60.3	59.8	58.6
Residents with bed sores.	11	8.4	11.4	7.6
Residents receiving special skin care.	40	30.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F088 F114 F128* F131* F132* F133* F135 F170
F175 F180 F181* F237* F257 F259 F262 F264
F285 F289 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALEXANDER CONTINUING CARE CTR

Street Address: 718 W FOURTH ST	**City and State:** ROYAL OAK, MI 48067

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 12	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	53.1	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	73	90.1	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	65	80.2	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	85.2	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	55.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	4	4.9	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	51	63.0	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	26	32.1	54.6	52.3
Residents requiring restraints.	31	38.3	45.8	40.4
Confused or disoriented residents.	30	37.0	59.8	58.6
Residents with bed sores.	16	19.8	11.4	7.6
Residents receiving special skin care.	4	4.9	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F068
F085*
F102
F126
F133*
F134
F199
F217
F252
F259
F280
F283
F284
F286
F287
F289
F313*
F321
F323
F326
F327
F328
F340*
F342
F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAKLAND CARE CENTER

Street Address: 3030 GREENFIELD AVE

City and State: ROYAL OAK, MI 48072

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 151

Type of Ownership: PROPRIETARY

Survey Date: 10/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144

Medicare Residents: 5

Medicaid Residents: 122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	125	86.8	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	122	84.7	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	108	75.0	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	70.8	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	73.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	4	2.8	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	25.7	38.6	39.1
Completely bedfast residents.	4	2.8	2.4	3.2
Residents confined to chairs.	82	56.9	54.6	52.3
Residents requiring restraints.	87	60.4	45.8	40.4
Confused or disoriented residents.	44	30.6	59.8	58.6
Residents with bed sores.	19	13.2	11.4	7.6
Residents receiving special skin care.	30	20.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F128* F131* F134 F136 F139 F191* F196*
F206 F264 F282 F283 F288 F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOYT NURSING HOME

Street Address: 1202 WEISS ST		**City and State:** SAGINAW, MI 48602	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	8	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	87.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	56	86.2	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	55	84.6	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	80.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	75.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	1.5	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	40.0	38.6	39.1
Completely bedfast residents.	5	7.7	2.4	3.2
Residents confined to chairs.	31	47.7	54.6	52.3
Residents requiring restraints.	39	60.0	45.8	40.4
Confused or disoriented residents.	37	56.9	59.8	58.6
Residents with bed sores.	4	6.2	11.4	7.6
Residents receiving special skin care.	16	24.6	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F134 F180 F199 F256 F264 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LUTHER MANOR

Street Address: 3161 DAVENPORT		**City and State:** SAGINAW, MI 48602	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	7	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	78.7	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	72	76.6	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	69	73.4	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	76.6	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	63.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	41.5	38.6	39.1
Completely bedfast residents.	2	2.1	2.4	3.2
Residents confined to chairs.	37	39.4	54.6	52.3
Residents requiring restraints.	35	37.2	45.8	40.4
Confused or disoriented residents.	44	46.8	59.8	58.6
Residents with bed sores.	2	2.1	11.4	7.6
Residents receiving special skin care.	30	31.9	36.0	31.4

SAGINAW, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056	F060	F064	F084	F097	F101	F110	F117
F118	F123*	F126	F129*	F131*	F132*	F133*	F134
F169	F170	F173*	F174	F175	F178	F180	F182
F185	F186	F189	F191*	F207	F210	F219	F257
F259	F260	F262	F264	F317	F328	F358	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARTIN LUTHER SAGINAW HOME

Street Address:
4322 MACKINAW ROAD

City and State:
SAGINAW, MI 48603

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
71

Type of Ownership:
NON-PROFIT RELIGIOUS

Survey Date:
10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
68

Medicare Residents:
1

Medicaid Residents:
49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	64	94.1	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	58	85.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	83.8	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	98.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	32.4	38.6	39.1
Completely bedfast residents.	2	2.9	2.4	3.2
Residents confined to chairs.	21	30.9	54.6	52.3
Residents requiring restraints.	10	14.7	45.8	40.4
Confused or disoriented residents.	32	47.1	59.8	58.6
Residents with bed sores.	5	7.4	11.4	7.6
Residents receiving special skin care.	68	100	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/NOT MET 87/88	FACILITY MET/NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F133* F169 F170 F180 F250 F321 F322*
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAGINAW COMMUNITY HOSP SNF

Street Address: 3340 HOSPITAL RD		**City and State:** SAGINAW, MI 48605	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 217	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
204	17	174

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	186	91.2	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	196	96.1	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	183	89.7	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	190	93.1	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	171	83.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	0.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	107	52.5	38.6	39.1
Completely bedfast residents.	10	4.9	2.4	3.2
Residents confined to chairs.	147	72.1	54.6	52.3
Residents requiring restraints.	120	58.8	45.8	40.4
Confused or disoriented residents.	91	44.6	59.8	58.6
Residents with bed sores.	18	8.8	11.4	7.6
Residents receiving special skin care.	132	64.7	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F110 F118 F126 F131* F133* F135
F170 F180 F182 F191* F224 F257 F259 F262
F263 F295

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAGINAW GERIATRICS HOME

Street Address:
1413 GRATIOT

City and State:
SAGINAW, MI 48602

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
55

Type of Ownership:
PROPRIETARY

Survey Date:
09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
55

Medicare Residents:
3

Medicaid Residents:
36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	85.5	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	48	87.3	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	47	85.5	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	80.0	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	67.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	30.9	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	35	63.6	54.6	52.3
Residents requiring restraints.	26	47.3	45.8	40.4
Confused or disoriented residents.	45	81.8	59.8	58.6
Residents with bed sores.	2	3.6	11.4	7.6
Residents receiving special skin care.	2	3.6	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F097 F110 F126 F128* F129* F131* F132* F170
F173* F174 F175 F178 F180 F182 F224 F256
F258 F259 F261 F262 F263 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST FRANCIS HOME

Street Address: 915 N RIVER RD		**City and State:** SAGINAW, MI 48603	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	8	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	99.0	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	91	93.8	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	91	93.8	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	63.9	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	60.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	29.9	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	59	60.8	54.6	52.3
Residents requiring restraints.	56	57.7	45.8	40.4
Confused or disoriented residents.	74	76.3	59.8	58.6
Residents with bed sores.	3	3.1	11.4	7.6
Residents receiving special skin care.	88	90.7	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F126 F131* F133* F134 F169 F170 F174
F178 F182 F199 F207 F240 F242* F243 F244
F250 F260 F278 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUN VALLEY MANOR

Street Address: 2901 GALAXY DR		**City and State:** SAGINAW, MI 48601	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	7	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	50.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	71	71.0	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	40	40.0	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	70.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	40.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	18	18.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	35	35.0	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	18	18.0	54.6	52.3
Residents requiring restraints.	41	41.0	45.8	40.4
Confused or disoriented residents.	43	43.0	59.8	58.6
Residents with bed sores.	5	5.0	11.4	7.6
Residents receiving special skin care.	58	58.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F058 F059 F110 F126 F135 F170 F179 F180
F182 F199 F237* F259 F262 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TENDERCARE SAGINAW

Street Address: 2160 N CENTER RD		**City and State:** SAGINAW, MI 48603	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	14	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	46	50.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	69	75.0	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	68	73.9	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	68.5	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	65.2	72.2	69.4
Residents on individually written bowel and bladder retraining program.	3	3.3	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	21.7	38.6	39.1
Completely bedfast residents.	4	4.3	2.4	3.2
Residents confined to chairs.	39	42.4	54.6	52.3
Residents requiring restraints.	39	42.4	45.8	40.4
Confused or disoriented residents.	25	27.2	59.8	58.6
Residents with bed sores.	7	7.6	11.4	7.6
Residents receiving special skin care.	27	29.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F120 F182

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FAITH MEDICAL CARE CENTER

Street Address: 4220 S HOSPITAL DR

City and State: SAINT CLAIR, MI 48079

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 125

Type of Ownership: PROPRIETARY

Survey Date: 04/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108

Medicare Residents: 2

Medicaid Residents: 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	81.5	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	101	93.5	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	95	88.0	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	100	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	71.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	40.7	38.6	39.1
Completely bedfast residents.	6	5.6	2.4	3.2
Residents confined to chairs.	59	54.6	54.6	52.3
Residents requiring restraints.	58	53.7	45.8	40.4
Confused or disoriented residents.	64	59.3	59.8	58.6
Residents with bed sores.	32	29.6	11.4	7.6
Residents receiving special skin care.	32	29.6	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F060 F064 F097 F126 F131* F132* F133*
F169 F170 F173* F174 F178 F180 F182 F199
F207 F257 F260 F262 F317 F358

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SISTERS OF BON SECOURS NRSNG CARE CNTR

Street Address: 26001 JEFFERSON AVE		**City and State:** SAINT CLAIR SHORES, MI 48081	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 200	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/24/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
168	5	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	155	92.3	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	151	89.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	139	82.7	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	83.9	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	72.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	58	34.5	38.6	39.1
Completely bedfast residents.	6	3.6	2.4	3.2
Residents confined to chairs.	113	67.3	54.6	52.3
Residents requiring restraints.	129	76.8	45.8	40.4
Confused or disoriented residents.	90	53.6	59.8	58.6
Residents with bed sores.	18	10.7	11.4	7.6
Residents receiving special skin care.	63	37.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F134 F170 F279 F293* F313* F321 F324*
F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST MARYS NH

Street Address: 22601 E NINE MILE RD		**City and State:** SAINT CLAIR SHORES, MI 48080	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 9	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	84.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	81	86.2	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	71	75.5	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	64.9	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	58.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	31.9	38.6	39.1
Completely bedfast residents.	1	1.1	2.4	3.2
Residents confined to chairs.	55	58.5	54.6	52.3
Residents requiring restraints.	44	46.8	45.8	40.4
Confused or disoriented residents.	48	51.1	59.8	58.6
Residents with bed sores.	5	5.3	11.4	7.6
Residents receiving special skin care.	49	52.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F114 F126 F127* F170 F174 F189 F212
F293* F327 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MACKINAC STRAITS HOSPITAL & HEALTH CTR

Street Address: 220 BURDETTE ST	**City and State:** SAINT IGNACE, MI 49781

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/26/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 1	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	93.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	53	89.8	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	50	84.7	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	89.8	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	88.1	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	31	52.5	38.6	39.1
Completely bedfast residents.	1	1.7	2.4	3.2
Residents confined to chairs.	50	84.7	54.6	52.3
Residents requiring restraints.	39	66.1	45.8	40.4
Confused or disoriented residents.	45	76.3	59.8	58.6
Residents with bed sores.	2	3.4	11.4	7.6
Residents receiving special skin care.	16	27.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F114 F116 F135 F170 F171 F173* F174
F175 F176 F178 F180 F224 F227 F230 F236
F260 F261 F264 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HAZEL I FINDLAY COUNTRY MANOR

Street Address: 1101 S SCOTT RD		**City and State:** SAINT JOHNS, MI 48879	
Participation: MEDICAID ICF	**# of Beds:** 108	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
106	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	90.6	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	98	92.5	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	88	83.0	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	88.7	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	67.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	36.8	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	40	37.7	43.1	40.9
Residents requiring restraints.	56	52.8	39.4	30.9
Confused or disoriented residents.	61	57.5	64.1	55.4
Residents with bed sores.	3	2.8	6.4	4.8
Residents receiving special skin care.	18	17.0	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
SHOREHAM TERRACE

Street Address: 3425 LAKE SHORE DR	**City and State:** SAINT JOSEPH, MI 49085

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 13	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	96	91.4	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	79	75.2	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	77.1	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	75.2	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	49	46.7	38.6	39.1
Completely bedfast residents.	10	9.5	2.4	3.2
Residents confined to chairs.	75	71.4	54.6	52.3
Residents requiring restraints.	60	57.1	45.8	40.4
Confused or disoriented residents.	91	86.7	59.8	58.6
Residents with bed sores.	19	18.1	11.4	7.6
Residents receiving special skin care.	73	69.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057 F060 F064 F102 F123* F124 F126 F127*
F128* F129* F130 F131* F132* F133* F134 F139
F173* F175 F176 F182 F196* F199 F258 F262
F263 F285 F289 F314 F321 F322* F339 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SCHNEPP NURSING HOME

Street Address: 427 E WASHINGTON		**City and State:** SAINT LOUIS, MI 48880	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
125	15	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	77.6	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	113	90.4	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	90	72.0	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	84.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	64.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	5	4.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	36	28.8	38.6	39.1
Completely bedfast residents.	1	0.8	2.4	3.2
Residents confined to chairs.	64	51.2	54.6	52.3
Residents requiring restraints.	56	44.8	45.8	40.4
Confused or disoriented residents.	72	57.6	59.8	58.6
Residents with bed sores.	6	4.8	11.4	7.6
Residents receiving special skin care.	43	34.4	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F131* F132* F133* F134 F135 F169 F170
F173* F174 F175 F178 F180 F182 F199 F218*
F256 F257 F259 F260 F261 F262 F282 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTGATE MANOR NH

Street Address: 1149 WEST MONROE RD	**City and State:** SAINT LOUIS, MI 48880

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 6	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	76.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	71	88.7	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	55	68.8	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	96.2	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	70.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	11	13.7	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	21.2	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	29	36.2	54.6	52.3
Residents requiring restraints.	42	52.5	45.8	40.4
Confused or disoriented residents.	50	62.5	59.8	58.6
Residents with bed sores.	3	3.7	11.4	7.6
Residents receiving special skin care.	80	100	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F060 F064 F097 F101 F132* F133* F170
F171 F173* F174 F175 F178 F180 F182 F207
F224 F261 F262 F263 F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EVANGELICAL HOME

Street Address: 440 W RUSSELL		**City and State:** SALINE, MI 48176	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 215	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
204	10	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	196	96.1	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	165	80.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	135	66.2	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	71.6	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	59.8	72.2	69.4
Residents on individually written bowel and bladder retraining program.	3	1.5	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	51	25.0	38.6	39.1
Completely bedfast residents.	4	2.0	2.4	3.2
Residents confined to chairs.	96	47.1	54.6	52.3
Residents requiring restraints.	85	41.7	45.8	40.4
Confused or disoriented residents.	128	62.7	59.8	58.6
Residents with bed sores.	18	8.8	11.4	7.6
Residents receiving special skin care.	35	17.2	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F127* F128* F131* F134 F169 F170
F173* F180 F224 F242* F260 F262 F263 F285
F322* F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SANILAC MEDICAL CARE FACILITY

Street Address: 137 N ELK ST	**City and State:** SANDUSKY, MI 48471

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 21	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	96.4	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	70	84.3	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	76	91.6	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	80.7	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	71.1	72.2	69.4
Residents on individually written bowel and bladder retraining program.	28	33.7	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	40	48.2	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	54	65.1	54.6	52.3
Residents requiring restraints.	49	59.0	45.8	40.4
Confused or disoriented residents.	58	69.9	59.8	58.6
Residents with bed sores.	19	22.9	11.4	7.6
Residents receiving special skin care.	65	78.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F060 F064 F097 F110 F114 F118 F126
F128* F129* F130 F131* F132* F133* F134 F170
F174 F178 F180 F182 F199 F207 F250 F260
F261 F262 F264 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHIPPEWA COUNTY WAR MEMORIAL HOSP

Street Address: 500 OSBORN BLVD		**City and State:** SAULT SAINTE MARIE, MI 49783	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/15/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 2	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	49	96.1	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	48	94.1	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	96.1	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	82.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	3.9	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	28	54.9	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	11	21.6	54.6	52.3
Residents requiring restraints.	22	43.1	45.8	40.4
Confused or disoriented residents.	40	78.4	59.8	58.6
Residents with bed sores.	4	7.8	11.4	7.6
Residents receiving special skin care.	40	78.4	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053
F056
F110
F119
F123*
F126
F132*
F133*
F135
F137
F170
F174
F175
F176
F180
F181*
F183
F189
F191*
F214
F215
F217
F218*
F221
F222
F224
F225
F227
F236
F242*
F259
F285
F317
F321
F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PROVINCIAL HOUSE

Street Address: 1011 MERIDIAN RD		**City and State:** SAULT SAINTE MARIE, MI 49783	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	6	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	95.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	111	95.7	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	102	87.9	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	87.9	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	81.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	42	36.2	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	102	87.9	54.6	52.3
Residents requiring restraints.	75	64.7	45.8	40.4
Confused or disoriented residents.	70	60.3	59.8	58.6
Residents with bed sores.	12	10.3	11.4	7.6
Residents receiving special skin care.	25	21.6	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F084 F128* F129* F131* F132* F134
F174 F176 F180 F185 F207 F314 F321 F332*
F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COUNTRYSIDE NURS HOME

Street Address: 120 BASELINE RD		**City and State:** SOUTH HAVEN, MI 49090	
Participation: MEDICAID ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
80	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	56.3	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	56	70.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	56	70.0	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	52.5	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	38.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	3	3.7	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	11	13.7	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	34	42.5	43.1	40.9
Residents requiring restraints.	32	40.0	39.4	30.9
Confused or disoriented residents.	53	66.2	64.1	55.4
Residents with bed sores.	2	2.5	6.4	4.8
Residents receiving special skin care.	80	100	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F131* F132* F133* F134 F135 F139
F170 F174 F175 F176 F191* F263 F278 F313*
F314 F317 F319 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARTIN LUTHER-SO HAVEN HOME

Street Address: PO BOX 690		**City and State:** SOUTH HAVEN, MI 49090	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/16/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	10	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	92.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	97	83.6	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	94	81.0	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	81.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	81.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	42	36.2	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	94	81.0	54.6	52.3
Residents requiring restraints.	96	82.8	45.8	40.4
Confused or disoriented residents.	68	58.6	59.8	58.6
Residents with bed sores.	11	9.5	11.4	7.6
Residents receiving special skin care.	43	37.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F132* F133* F134 F137 F170 F174 F175
F176 F180 F181* F199 F207 F224 F227 F259
F285 F287 F314 F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARTIN LUTHER MEMORIAL HOME

Street Address: 305 ELM PL		**City and State:** SOUTH LYON, MI 48178	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	3	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	95.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	43	97.7	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	39	88.6	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	95.5	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	95.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	25	56.8	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	28	63.6	54.6	52.3
Residents requiring restraints.	23	52.3	45.8	40.4
Confused or disoriented residents.	34	77.3	59.8	58.6
Residents with bed sores.	2	4.5	11.4	7.6
Residents receiving special skin care.	10	22.7	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F170 F173* F174 F196* F207 F217 F240
F259

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JEWISH HOME FOR AGED NO 1

Street Address: 26051 LAHSER RD		**City and State:** SOUTHFIELD, MI 48034	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/15/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	3	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	92.9	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	81	82.7	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	71	72.4	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	72.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	34	34.7	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	42	42.9	54.6	52.3
Residents requiring restraints.	62	63.3	45.8	40.4
Confused or disoriented residents.	55	56.1	59.8	58.6
Residents with bed sores.	13	13.3	11.4	7.6
Residents receiving special skin care.	49	50.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F073* F078 F102 F134 F135 F140 F206
F240 F273 F294 F321 F322* F323 F331

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAHSER HILLS NSG CTR

Street Address: 25300 LAHSER RD		**City and State:** SOUTHFIELD, MI 48034	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 161	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
143	2	113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	79.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	110	76.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	80	55.9	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	63.6	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	55.2	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	40	28.0	38.6	39.1
Completely bedfast residents.	1	0.7	2.4	3.2
Residents confined to chairs.	62	43.4	54.6	52.3
Residents requiring restraints.	20	14.0	45.8	40.4
Confused or disoriented residents.	85	59.4	59.8	58.6
Residents with bed sores.	12	8.4	11.4	7.6
Residents receiving special skin care.	15	10.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F126 F127* F129* F134 F232

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MT VERNON NURSING CENTER

Street Address:
26715 GREENFIELD RD

City and State:
SOUTHFIELD, MI 48076

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
228

Type of Ownership:
PROPRIETARY

Survey Date:
07/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
136

Medicare Residents:
4

Medicaid Residents:
118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	72.1	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	105	77.2	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	83	61.0	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	69.1	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	55.9	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	25	18.4	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	72	52.9	54.6	52.3
Residents requiring restraints.	65	47.8	45.8	40.4
Confused or disoriented residents.	81	59.6	59.8	58.6
Residents with bed sores.	6	4.4	11.4	7.6
Residents receiving special skin care.	38	27.9	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F135 F137 F142 F170 F217 F219
F264 F321 F324* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BEVERLY MANOR CONV CTR

Street Address: 15400 TRENTON RD	**City and State:** SOUTHGATE, MI 48195

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 20	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	81.9	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	86	91.5	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	69	73.4	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	74.5	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	88.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	36	38.3	38.6	39.1
Completely bedfast residents.	7	7.4	2.4	3.2
Residents confined to chairs.	66	70.2	54.6	52.3
Residents requiring restraints.	58	61.7	45.8	40.4
Confused or disoriented residents.	60	63.8	59.8	58.6
Residents with bed sores.	19	20.2	11.4	7.6
Residents receiving special skin care.	24	25.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F133* F134 F283 F303 F305 F306 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARBOR MANOR CARE CENTER

Street Address: 151 2ND ST		**City and State:** SPRING ARBOR, MI 49283	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
102	1	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NAT
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	97.1	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	98	96.1	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	91	89.2	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	91.2	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	79.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	44	43.1	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	70	68.6	54.6	52.3
Residents requiring restraints.	50	49.0	45.8	40.4
Confused or disoriented residents.	57	55.9	59.8	58.6
Residents with bed sores.	11	10.8	11.4	7.6
Residents receiving special skin care.	18	17.6	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F317 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
STANDISH COMMUNITY HOSP

Street Address: BOX 579 805 W CEDAR		**City and State:** STANDISH, MI 48658	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	10	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	90.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	39	92.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	38	90.5	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	92.9	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	66.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	52.4	38.6	39.1
Completely bedfast residents.	4	9.5	2.4	3.2
Residents confined to chairs.	18	42.9	54.6	52.3
Residents requiring restraints.	12	28.6	45.8	40.4
Confused or disoriented residents.	8	19.0	59.8	58.6
Residents with bed sores.	5	11.9	11.4	7.6
Residents receiving special skin care.	10	23.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076 F119 F126 F133* F134 F170 F174 F182
F206 F207 F218* F220 F262 F263 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROUBALS N H

Street Address:
R 1 BOX 32

City and State:
STEPHENSON, MI 49887

Participation:
MEDICAID ICF

# of Beds:
88

Type of Ownership:
PROPRIETARY

Survey Date:
07/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
86

Medicare Residents:
0

Medicaid Residents:
77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	94.2	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	71	82.6	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	63	73.3	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	66.3	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	61.6	64.6	59.1
Residents on individually written bowel and bladder retraining program.	9	10.5	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	33.7	30.3	30.4
Completely bedfast residents.	2	2.3	1.1	2.8
Residents confined to chairs.	18	20.9	43.1	40.9
Residents requiring restraints.	52	60.5	39.4	30.9
Confused or disoriented residents.	60	69.8	64.1	55.4
Residents with bed sores.	1	1.2	6.4	4.8
Residents receiving special skin care.	11	12.8	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F102 F131* F169 F170 F173* F174 F175
F224 F236 F237* F242* F244 F261 F263 F297
F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHERRYWOOD NURSING AND LIVING CENTER

Street Address: 2372 FIFTEEN MILE RD	**City and State:** STERLING HEIGHTS, MI 48310

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
9	9	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	100	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	9	100	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	9	100	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	100	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	100	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	100	38.6	39.1
Completely bedfast residents.	3	33.3	2.4	3.2
Residents confined to chairs.	6	66.7	54.6	52.3
Residents requiring restraints.	1	11.1	45.8	40.4
Confused or disoriented residents.	4	44.4	59.8	58.6
Residents with bed sores.	4	44.4	11.4	7.6
Residents receiving special skin care.	4	44.4	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EVANGELICAL HOME STERLING HEIGHTS

Street Address: 14900 SHORE LINE DR		**City and State:** STERLING HEIGHTS, MI 48078	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	6	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	60.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	45	64.3	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	45	64.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	61.4	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	48.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	25.7	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	38	54.3	54.6	52.3
Residents requiring restraints.	35	50.0	45.8	40.4
Confused or disoriented residents.	35	50.0	59.8	58.6
Residents with bed sores.	10	14.3	11.4	7.6
Residents receiving special skin care.	12	17.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F180 F182

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NIGHTINGALE NORTH N H

Street Address: 14151 E 15 MILE RD	**City and State:** STERLING HEIGHTS, MI 48077

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 307	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 286	**Medicare Residents:** 22	**Medicaid Residents:** 125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	194	67.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	229	80.1	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	211	73.8	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	206	72.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	205	71.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	0.3	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	96	33.6	38.6	39.1
Completely bedfast residents.	4	1.4	2.4	3.2
Residents confined to chairs.	172	60.1	54.6	52.3
Residents requiring restraints.	157	54.9	45.8	40.4
Confused or disoriented residents.	174	60.8	59.8	58.6
Residents with bed sores.	49	17.1	11.4	7.6
Residents receiving special skin care.	78	27.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F084 F130 F131* F170 F176 F180 F182
F206 F218* F258 F264 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENBRIAR NURSING HOME

Street Address: 500 SCHOOL RD

City and State: STERLING, MI 48659

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 104

Type of Ownership: PROPRIETARY

Survey Date: 08/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98

Medicare Residents: 3

Medicaid Residents: 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	86.7	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	88	89.8	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	83	84.7	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	84.7	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	71.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	3	3.1	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	28.6	38.6	39.1
Completely bedfast residents.	1	1.0	2.4	3.2
Residents confined to chairs.	65	66.3	54.6	52.3
Residents requiring restraints.	70	71.4	45.8	40.4
Confused or disoriented residents.	37	37.8	59.8	58.6
Residents with bed sores.	14	14.3	11.4	7.6
Residents receiving special skin care.	41	41.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheostomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F117 F119 F126 F131* F132* F134 F135
F170 F174 F178 F182 F196* F217 F261 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CTY & COUNTRY CONV HOME OF STOCKBRIDGE

Street Address: 406 W MAIN ST		**City and State:** STOCKBRIDGE, MI 49285	
Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	91.3	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	43	93.5	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	42	91.3	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	95.7	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	89.1	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	16	34.8	30.3	30.4
Completely bedfast residents.	1	2.2	1.1	2.8
Residents confined to chairs.	13	28.3	43.1	40.9
Residents requiring restraints.	25	54.3	39.4	30.9
Confused or disoriented residents.	28	60.9	64.1	55.4
Residents with bed sores.	5	10.9	6.4	4.8
Residents receiving special skin care.	5	10.9	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	NOT MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

STOCKBRIDGE, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F099 F100 F101 F102 F117 F118
F125* F126 F127* F128* F129* F131* F134 F135
F168* F169 F170 F172 F173* F174 F175 F176
F177 F178 F191* F224 F237* F258 F260 F261
F262 F263 F264 F278 F283 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FROH COMMUNITY HOME

Street Address: 307 SPRUCE	**City and State:** STURGIS, MI 49091

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	13	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	94.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	105	90.5	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	101	87.1	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	82.8	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	100	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	37	31.9	38.6	39.1
Completely bedfast residents.	1	0.9	2.4	3.2
Residents confined to chairs.	106	91.4	54.6	52.3
Residents requiring restraints.	73	62.9	45.8	40.4
Confused or disoriented residents.	66	56.9	59.8	58.6
Residents with bed sores.	5	4.3	11.4	7.6
Residents receiving special skin care.	22	19.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F134 F180 F182 F224 F274 F314 F321
F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
IOSCO CO MEDICAL CARE FACILITY

Street Address: 1201 HARRIS AVE		**City and State:** TAWAS CITY, MI 48763	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	17	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	95.3	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	48	75.0	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	57	89.1	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	92.2	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	76.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	3	4.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	45.3	38.6	39.1
Completely bedfast residents.	5	7.8	2.4	3.2
Residents confined to chairs.	24	37.5	54.6	52.3
Residents requiring restraints.	15	23.4	45.8	40.4
Confused or disoriented residents.	25	39.1	59.8	58.6
Residents with bed sores.	4	6.3	11.4	7.6
Residents receiving special skin care.	64	100	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	931	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

TAWAS CITY, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F060 F064 F097 F102 F119 F126 F128*
F131* F132* F133* F134 F135 F139 F140 F170
F173* F175 F176 F179 F180 F181* F182 F191*
F207 F217 F227 F230 F237* F259 F263 F323
F332* F340* F342 F351

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TENDERCARE TAWAS CITY

Street Address: 400 W NORTH ST		**City and State:** TAWAS CITY, MI 48763	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	20	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	68.1	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	87	73.1	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	81	68.1	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.1	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	77.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	41	34.5	38.6	39.1
Completely bedfast residents.	1	0.8	2.4	3.2
Residents confined to chairs.	63	52.9	54.6	52.3
Residents requiring restraints.	45	37.8	45.8	40.4
Confused or disoriented residents.	60	50.4	59.8	58.6
Residents with bed sores.	11	9.2	11.4	7.6
Residents receiving special skin care.	23	19.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F134 F170 F173* F175 F180 F207 F218*
F257 F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARK NURSING CTR

Street Address: 12575 SO TELEGRAPH RD		**City and State:** TAYLOR, MI 48180	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 265	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/09/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 253	**Medicare Residents:** 12	**Medicaid Residents:** 207

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	224	88.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	231	91.3	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	213	84.2	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	181	71.5	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	188	74.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	100	39.5	38.6	39.1
Completely bedfast residents.	2	0.8	2.4	3.2
Residents confined to chairs.	84	33.2	54.6	52.3
Residents requiring restraints.	169	66.8	45.8	40.4
Confused or disoriented residents.	211	83.4	59.8	58.6
Residents with bed sores.	174	68.8	11.4	7.6
Residents receiving special skin care.	180	71.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F142 F170 F191* F196* F205 F263 F264
F321 F324* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PINE KNOLL CONVALESCENT CTR

Street Address: 23600 NORTHLINE RD		**City and State:** TAYLOR, MI 48180	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 142	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 14	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	97.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	123	93.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	113	86.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	86.3	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	80.2	72.2	69.4
Residents on individually written bowel and bladder retraining program.	67	51.1	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	66	50.4	38.6	39.1
Completely bedfast residents.	2	1.5	2.4	3.2
Residents confined to chairs.	84	64.1	54.6	52.3
Residents requiring restraints.	91	69.5	45.8	40.4
Confused or disoriented residents.	107	81.7	59.8	58.6
Residents with bed sores.	23	17.6	11.4	7.6
Residents receiving special skin care.	41	31.3	36.0	31.4

TAYLOR, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	NOT MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F261

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TAYLOR TOTAL LIVING CENTER

Street Address: 22950 NORTHLINE RD		**City and State:** TAYLOR, MI 48180	
Participation: MEDICAID SNF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
130	0	130

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	94.6	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	128	98.5	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	128	98.5	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	98.5	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	128	98.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	13	10.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	87	66.9	38.6	39.1
Completely bedfast residents.	1	0.8	2.4	3.2
Residents confined to chairs.	127	97.7	54.6	52.3
Residents requiring restraints.	0	0.0	45.8	40.4
Confused or disoriented residents.	3	2.3	59.8	58.6
Residents with bed sores.	11	8.5	11.4	7.6
Residents receiving special skin care.	81	62.3	36.0	31.4

TAYLOR, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F077
F102
F126
F131*
F134
F170
F206
F259
F262
F294
F321
F322*
F328
F342
F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HERRICK NH

Street Address:
500 E POTTAWATOMIE

City and State:
TECUMSEH, MI 49286

Participation:
MEDICAID ICF

# of Beds:
25

Type of Ownership:
LOCAL GOVERNMENT

Survey Date:
02/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	90.5	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	19	90.5	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	16	76.2	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	71.4	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	52.4	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	3	14.3	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	14	66.7	43.1	40.9
Residents requiring restraints.	8	38.1	39.4	30.9
Confused or disoriented residents.	7	33.3	64.1	55.4
Residents with bed sores.	1	4.8	6.4	4.8
Residents receiving special skin care.	3	14.3	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

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THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057 F058 F061 F076 F077 F119 F135 F174
F176 F263 F277 F285 F289 F309

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIVER FOREST NH

Street Address:
55378 WILBUR RD

City and State:
THREE RIVERS, MI 49093

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
87

Type of Ownership:
NON-PROFIT RELIGIOUS

Survey Date:
10/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
83

Medicare Residents:
5

Medicaid Residents:
56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	98.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	82	98.8	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	76	91.6	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	95.2	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	90.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	24.1	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	74	89.2	54.6	52.3
Residents requiring restraints.	64	77.1	45.8	40.4
Confused or disoriented residents.	0	0.0	59.8	58.6
Residents with bed sores.	8	9.6	11.4	7.6
Residents receiving special skin care.	48	57.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F313* F314 F321 F322* F332* F358 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
THREE RIVERS MANOR

Street Address: 517 ERIE ST		**City and State:** THREE RIVERS, MI 49093	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	9	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	75.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	74	84.1	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	61	69.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	69.3	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	72.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	27	30.7	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	64	72.7	54.6	52.3
Residents requiring restraints.	42	47.7	45.8	40.4
Confused or disoriented residents.	50	56.8	59.8	58.6
Residents with bed sores.	8	9.1	11.4	7.6
Residents receiving special skin care.	20	22.7	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

THREE RIVERS, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F117 F118 F134 F175 F196* F224
F285 F298 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BIRCHWOOD NURS CTR

Street Address:
2950 LAFRANIER RD

City and State:
TRAVERSE CITY, MI 49684

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
155

Type of Ownership:
PROPRIETARY

Survey Date:
11/03/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
147

Medicare Residents:
3

Medicaid Residents:
109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	90.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	103	70.1	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	103	70.1	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	42.9	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	118	80.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	5	3.4	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	34	23.1	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	49	33.3	54.6	52.3
Residents requiring restraints.	42	28.6	45.8	40.4
Confused or disoriented residents.	93	63.3	59.8	58.6
Residents with bed sores.	6	4.1	11.4	7.6
Residents receiving special skin care.	147	100	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F277 F314 F336

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BORTZ HEALTH CARE OF TRAVERSE CITY

Street Address: 2828 CONCORD ST		**City and State:** TRAVERSE CITY, MI 49684	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	3	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	83.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	82	89.1	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	84	91.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	72.8	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	67.4	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	23.9	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	63	68.5	54.6	52.3
Residents requiring restraints.	0	0.0	45.8	40.4
Confused or disoriented residents.	30	32.6	59.8	58.6
Residents with bed sores.	6	6.5	11.4	7.6
Residents receiving special skin care.	12	13.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

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Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F191* F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GRAND TRAVERSE CO MCF

Street Address: 410 S ELMWOOD		**City and State:** TRAVERSE CITY, MI 49684	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 181	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/05/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
174	6	128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	78.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	142	81.6	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	138	79.3	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	81.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	127	73.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	3	1.7	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	76	43.7	38.6	39.1
Completely bedfast residents.	5	2.9	2.4	3.2
Residents confined to chairs.	108	62.1	54.6	52.3
Residents requiring restraints.	2	1.1	45.8	40.4
Confused or disoriented residents.	114	65.5	59.8	58.6
Residents with bed sores.	12	6.9	11.4	7.6
Residents receiving special skin care.	79	45.4	36.0	31.4

TRAVERSE CITY, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057 F059 F199 F314 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TENDERCARE TRAVERSE CITY

Street Address: 2585 S LAFRANIER RD		**City and State:** TRAVERSE CITY, MI 49684	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	2	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	84.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	100	89.3	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	89	79.5	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	97.3	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	67.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	1.8	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	28.6	38.6	39.1
Completely bedfast residents.	1	0.9	2.4	3.2
Residents confined to chairs.	86	76.8	54.6	52.3
Residents requiring restraints.	50	44.6	45.8	40.4
Confused or disoriented residents.	51	45.5	59.8	58.6
Residents with bed sores.	16	14.3	11.4	7.6
Residents receiving special skin care.	46	41.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F110 F114 F126 F129* F131* F170 F171
F173* F174 F175 F176 F177 F199 F217 F244
F260 F261 F262 F264 F294 F313* F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BALMORAL SKILLED NURSING CTR

Street Address: 5500 FORT ST		**City and State:** TRENTON, MI 48183	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 209	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
196	11	144

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	171	87.2	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	170	86.7	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	164	83.7	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	84.7	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	160	81.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	7	3.6	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	105	53.6	38.6	39.1
Completely bedfast residents.	23	11.7	2.4	3.2
Residents confined to chairs.	120	61.2	54.6	52.3
Residents requiring restraints.	122	62.2	45.8	40.4
Confused or disoriented residents.	112	57.1	59.8	58.6
Residents with bed sores.	33	16.8	11.4	7.6
Residents receiving special skin care.	104	53.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F126 F127* F132* F134 F240 F258 F262
F314 F321 F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WEST WINDS NURSING HOME

Street Address: 10765 COOLEY LAKE RD	**City and State:** UNION LAKE, MI 48085

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/27/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	93.8	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	44	91.7	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	34	70.8	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	100	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	75.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	1	2.1	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	41.7	30.3	30.4
Completely bedfast residents.	8	16.7	1.1	2.8
Residents confined to chairs.	22	45.8	43.1	40.9
Residents requiring restraints.	20	41.7	39.4	30.9
Confused or disoriented residents.	27	56.3	64.1	55.4
Residents with bed sores.	8	16.7	6.4	4.8
Residents receiving special skin care.	31	64.6	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F134 F135 F170 F194 F196* F199 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WIL MAR NURSING HOME

Street Address: 7700 MCCLELLAN		**City and State:** UTICA, MI 48087	
Participation: MEDICAID ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	89.4	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	35	74.5	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	37	78.7	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	36.2	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	78.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	4	8.5	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	17.0	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	11	23.4	43.1	40.9
Residents requiring restraints.	8	17.0	39.4	30.9
Confused or disoriented residents.	47	100	64.1	55.4
Residents with bed sores.	4	8.5	6.4	4.8
Residents receiving special skin care.	8	17.0	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification or next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F115 F126 F134 F191* F209 F210 F277 F284
F293* F317 F328 F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOGEBIC CO MEDICAL CARE FAC

Street Address: RT 1 BOX31		**City and State:** WAKEFIELD, MI 49968	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
109	6	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	90.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	102	93.6	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	96	88.1	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	89.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	85.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	51	46.8	38.6	39.1
Completely bedfast residents.	1	0.9	2.4	3.2
Residents confined to chairs.	82	75.2	54.6	52.3
Residents requiring restraints.	78	71.6	45.8	40.4
Confused or disoriented residents.	78	71.6	59.8	58.6
Residents with bed sores.	7	6.4	11.4	7.6
Residents receiving special skin care.	25	22.9	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F199 F206 F236 F242* F244 F287 F289
F314 F322* F332* F340* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ABBEY CONVALESCENT CENTER

Street Address: 12250 E 12 MILE RD		**City and State:** WARREN, MI 48093	
Participation: MEDICAID ICF	**# of Beds:** 201	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
186	0	138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	68.8	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	148	79.6	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	120	64.5	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	65.6	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	55.9	64.6	59.1
Residents on individually written bowel and bladder retraining program	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	28	15.1	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	98	52.7	43.1	40.9
Residents requiring restraints.	76	40.9	39.4	30.9
Confused or disoriented residents.	95	51.1	64.1	55.4
Residents with bed sores.	7	3.8	6.4	4.8
Residents receiving special skin care.	109	58.6	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F100 F264 F288 F294 F314 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AUTUMN WOODS RESIDENTIAL HLTH CARE FAC

Street Address: 29800 HOOVER RD		**City and State:** WARREN, MI 48093	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 330	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
320	184	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	311	97.2	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	288	90.0	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	276	86.2	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	284	88.7	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	191	59.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	111	34.7	38.6	39.1
Completely bedfast residents.	4	1.2	2.4	3.2
Residents confined to chairs.	135	42.2	54.6	52.3
Residents requiring restraints.	191	59.7	45.8	40.4
Confused or disoriented residents.	199	62.2	59.8	58.6
Residents with bed sores.	53	16.6	11.4	7.6
Residents receiving special skin care.	97	30.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

WARREN, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F119 F127* F132* F134 F170 F206
F219 F313* F321 F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BORTZ HEALTH CARE OF WARREN

Street Address: 11700 E TEN MILE RD		**City and State:** WARREN, MI 48089	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 304	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/05/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 284	**Medicare Residents:** 32	**Medicaid Residents:** 206

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	221	77.8	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	254	89.4	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	205	72.2	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	260	91.5	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	198	69.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	6	2.1	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	22.5	38.6	39.1
Completely bedfast residents.	9	3.2	2.4	3.2
Residents confined to chairs.	171	60.2	54.6	52.3
Residents requiring restraints.	141	49.6	45.8	40.4
Confused or disoriented residents.	230	81.0	59.8	58.6
Residents with bed sores.	30	10.6	11.4	7.6
Residents receiving special skin care.	135	47.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F126 F127* F130 F134 F191* F240 F258
F263 F288 F320 F321 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NIGHTINGALE NURSING HOME EAST

Street Address:	**City and State:**
11525 E TEN MILE RD	WARREN, MI 48089

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	185	PROPRIETARY	03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
172	27	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	55.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	162	94.2	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	162	94.2	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	62.8	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	123	71.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	30	17.4	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	54	31.4	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	50	29.1	54.6	52.3
Residents requiring restraints.	85	49.4	45.8	40.4
Confused or disoriented residents.	95	55.2	59.8	58.6
Residents with bed sores.	27	15.7	11.4	7.6
Residents receiving special skin care.	22	12.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F075 F126 F170 F180 F205 F236 F237*
F263 F321 F326 F327 F328 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST ANTHONY NURSING CTR

Street Address: 31830 RYAN RD		**City and State:** WARREN, MI 48092	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
86	35	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	85	98.8	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	74	86.0	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	90.7	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	79.1	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	38	44.2	38.6	39.1
Completely bedfast residents.	1	1.2	2.4	3.2
Residents confined to chairs.	64	74.4	54.6	52.3
Residents requiring restraints.	34	39.5	45.8	40.4
Confused or disoriented residents.	57	66.3	59.8	58.6
Residents with bed sores.	33	38.4	11.4	7.6
Residents receiving special skin care.	52	60.5	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F133* F139 F170 F189 F286 F314 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SANDY CREEK NURSING CENTER

Street Address: 425 E ELM ST		**City and State:** WAYLAND, MI 49348	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 5	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	77.1	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	83	86.5	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	76	79.2	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	74.0	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	56.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	29.2	38.6	39.1
Completely bedfast residents.	1	1.0	2.4	3.2
Residents confined to chairs.	77	80.2	54.6	52.3
Residents requiring restraints.	47	49.0	45.8	40.4
Confused or disoriented residents.	75	78.1	59.8	58.6
Residents with bed sores.	12	12.5	11.4	7.6
Residents receiving special skin care.	41	42.7	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F102 F119 F128* F133* F134 F135 F170
F179 F180 F182 F191* F197 F199 F261 F263
F278 F314 F321 F323

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VENOY CONTINUED CARE CENTER

Street Address: 3999 VENOY RD	**City and State:** WAYNE, MI 48184

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 210	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/05/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 187	**Medicare Residents:** 33	**Medicaid Residents:** 135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	154	82.4	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	181	96.8	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	149	79.7	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	78.6	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	148	79.1	72.2	69.4
Residents on individually written bowel and bladder retraining program.	12	6.4	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	21.9	38.6	39.1
Completely bedfast residents.	8	4.3	2.4	3.2
Residents confined to chairs.	135	72.2	54.6	52.3
Residents requiring restraints.	132	70.6	45.8	40.4
Confused or disoriented residents.	139	74.3	59.8	58.6
Residents with bed sores.	38	20.3	11.4	7.6
Residents receiving special skin care.	104	55.6	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

WAYNE, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F134 F170 F198 F258 F259 F321
F345* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WAYNE CONVALESCENT CENTER

Street Address: 34330 VAN BORN RD		**City and State:** WAYNE, MI 48184	
Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
52	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	86.5	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	36	69.2	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	28	53.8	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	100	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	53.8	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	7	13.5	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	10	19.2	43.1	40.9
Residents requiring restraints.	17	32.7	39.4	30.9
Confused or disoriented residents.	47	90.4	64.1	55.4
Residents with bed sores.	4	7.7	6.4	4.8
Residents receiving special skin care.	0	0.0	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

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			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WAYNE LIVING CENTER FOR DD

Street Address: 4427 VENOY RD	**City and State:** WAYNE, MI 48184

Participation: MEDICAID SNF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/31/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	120	100	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	116	96.7	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	99.2	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	97.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	7	5.8	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	86	71.7	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	117	97.5	54.6	52.3
Residents requiring restraints.	7	5.8	45.8	40.4
Confused or disoriented residents.	120	100	59.8	58.6
Residents with bed sores.	3	2.5	11.4	7.6
Residents receiving special skin care.	31	25.8	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F131* F134 F135 F170 F180 F191* F205
F294 F321 F324* F327 F332* F340* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WAYNE LIVING CTR NURSING CARE

Street Address: 4429 VENOY RD		**City and State:** WAYNE, MI 48184	
Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	96.4	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	80	96.4	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	68	81.9	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	67.5	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	65.1	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	20.5	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	18	21.7	43.1	40.9
Residents requiring restraints.	48	57.8	39.4	30.9
Confused or disoriented residents.	69	83.1	64.1	55.4
Residents with bed sores.	3	3.6	6.4	4.8
Residents receiving special skin care.	54	65.1	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F130 F134 F191* F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BORTZ HEALTH CARE OF WEST BLOOMFIELD

Street Address: 6470 ALDEN DR		**City and State:** WEST BLOOMFIELD, MI 48033	
Participation: MEDICAID ICF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	100	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	37	84.1	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	26	59.1	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	56.8	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	54.5	64.6	59.1
Residents on individually written bowel and bladder retraining program.	2	4.5	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	18.2	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	22	50.0	43.1	40.9
Residents requiring restraints.	17	38.6	39.4	30.9
Confused or disoriented residents.	25	56.8	64.1	55.4
Residents with bed sores.	3	6.8	6.4	4.8
Residents receiving special skin care.	18	40.9	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BORTZ HEALTH CARE OF WEST BLOOMFIELD

Street Address: 6470 ALDEN DR		**City and State:** WEST BLOOMFIELD, MI 48033	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	100	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	37	84.1	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	26	59.1	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	56.8	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	54.5	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	4.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	18.2	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	22	50.0	54.6	52.3
Residents requiring restraints.	17	38.6	45.8	40.4
Confused or disoriented residents.	25	56.8	59.8	58.6
Residents with bed sores.	3	6.8	11.4	7.6
Residents receiving special skin care.	18	40.9	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ORCHARD LAKE RESTHAVEN

Street Address: 7277 RICHARDSON RD	**City and State:** WEST BLOOMFIELD, MI 48033

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
41	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	95.1	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	31	75.6	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	27	65.9	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	58.5	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	65.9	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	11	26.8	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	18	43.9	43.1	40.9
Residents requiring restraints.	10	24.4	39.4	30.9
Confused or disoriented residents.	11	26.8	64.1	55.4
Residents with bed sores.	3	7.3	6.4	4.8
Residents receiving special skin care.	3	7.3	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F084 F170 F194 F196* F261 F282 F283
F330

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WEST BLOOMFIELD NURSING & CONV CTR

Street Address: 63445 W MAPLE	**City and State:** WEST BLOOMFIELD, MI 48322

Participation: MEDICARE SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	87.3	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	97	95.1	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	87	85.3	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	80.4	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	68.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	28.4	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	65	63.7	54.6	52.3
Residents requiring restraints.	51	50.0	45.8	40.4
Confused or disoriented residents.	88	86.3	59.8	58.6
Residents with bed sores.	8	7.8	11.4	7.6
Residents receiving special skin care.	48	47.1	36.0	31.4

WEST BLOOMFIELD, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
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LISTING OF FACILITY DEFICIENCIES

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THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WINDEMERE

Street Address: 6950 FARMINGTON RD		**City and State:** WEST BLOOMFIELD, MI 48322	
Participation: MEDICARE SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	7	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	81	91.0	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	71	79.8	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	70.8	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	69.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	28	31.5	38.6	39.1
Completely bedfast residents.	4	4.5	2.4	3.2
Residents confined to chairs.	56	62.9	54.6	52.3
Residents requiring restraints.	30	33.7	45.8	40.4
Confused or disoriented residents.	81	91.0	59.8	58.6
Residents with bed sores.	7	7.9	11.4	7.6
Residents receiving special skin care.	41	46.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F126 F134 F167* F170 F204 F206 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BORTZ HEALTH CARE OF WEST BRANCH

Street Address: 445 S VALLEY ST		**City and State:** WEST BRANCH, MI 48661	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 93	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
87	7	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	64.4	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	64	73.6	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	64	73.6	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	73.6	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	81.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	7	8.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	29.9	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	32	36.8	54.6	52.3
Residents requiring restraints.	40	46.0	45.8	40.4
Confused or disoriented residents.	12	13.8	59.8	58.6
Residents with bed sores.	0	0.0	11.4	7.6
Residents receiving special skin care.	0	0.0	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F133* F135 F170 F199 F259 F261 F262 F283
F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FOUR CHAPLAINS CONVALESCENT CENTER

Street Address: 28349 JOY RD		**City and State:** WESTLAND, MI 48185	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 111	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	21	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	85.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	99	92.5	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	92	86.0	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	80.4	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	81.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	3	2.8	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	42	39.3	38.6	39.1
Completely bedfast residents.	2	1.9	2.4	3.2
Residents confined to chairs.	84	78.5	54.6	52.3
Residents requiring restraints.	52	48.6	45.8	40.4
Confused or disoriented residents.	91	85.0	59.8	58.6
Residents with bed sores.	10	9.3	11.4	7.6
Residents receiving special skin care.	87	81.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F240 F277 F314 F331 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOPE NURSING CARE CENTER

Street Address: 38410 CHERRY HILL RD		**City and State:** WESTLAND, MI 48185	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 142	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
140	50	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	139	99.3	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	140	100	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	127	90.7	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	90.0	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	130	92.9	72.2	69.4
Residents on individually written bowel and bladder retraining program.	30	21.4	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	50.0	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	81	57.9	54.6	52.3
Residents requiring restraints.	89	63.6	45.8	40.4
Confused or disoriented residents.	85	60.7	59.8	58.6
Residents with bed sores.	55	39.3	11.4	7.6
Residents receiving special skin care.	80	57.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F131* F134 F173* F175 F282 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NIGHTINGALE WEST

Street Address: 8365 NEWBURGH RD	**City and State:** WESTLAND, MI 48185

Participation: MEDICAID ICF	**# of Beds:** 236	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
221	0	173

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	197	89.1	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	180	81.4	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	147	66.5	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	211	95.5	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	134	60.6	64.6	59.1
Residents on individually written bowel and bladder retraining program.	4	1.8	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	90	40.7	30.3	30.4
Completely bedfast residents.	1	0.5	1.1	2.8
Residents confined to chairs.	104	47.1	43.1	40.9
Residents requiring restraints.	96	43.4	39.4	30.9
Confused or disoriented residents.	159	71.9	64.1	55.4
Residents with bed sores.	39	17.6	6.4	4.8
Residents receiving special skin care.	87	39.4	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F134 F135 F196* F223 F224 F283
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTLAND CONV CTR

Street Address: 36137 W WARREN	**City and State:** WESTLAND, MI 48185

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 230	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 208	**Medicare Residents:** 44	**Medicaid Residents:** 120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	185	88.9	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	170	81.7	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	162	77.9	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	68.8	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	62.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	31.3	38.6	39.1
Completely bedfast residents.	7	3.4	2.4	3.2
Residents confined to chairs.	122	58.7	54.6	52.3
Residents requiring restraints.	98	47.1	45.8	40.4
Confused or disoriented residents.	116	55.8	59.8	58.6
Residents with bed sores.	27	13.0	11.4	7.6
Residents receiving special skin care.	73	35.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F074 F126 F129* F132* F134 F169 F170 F191*
F199 F205 F206 F264 F328 F331 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WHITEHALL MANOR

Street Address: 916 E LEWIS ST		**City and State:** WHITEHALL, MI 49461	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	5	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	99.1	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	113	97.4	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	89	76.7	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	97.4	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	76.7	72.2	69.4
Residents on individually written bowel and bladder retraining program.	11	9.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	25.9	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	63	54.3	54.6	52.3
Residents requiring restraints.	55	47.4	45.8	40.4
Confused or disoriented residents.	48	41.4	59.8	58.6
Residents with bed sores.	17	14.7	11.4	7.6
Residents receiving special skin care.	116	100	36.0	31.4

WHITEHALL, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F133* F134 F170 F180 F182 F224 F236
F237* F242* F260 F261 F263 F277 F328 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WHITMORE LAKE CONV CTR

Street Address: 8633 N MAIN ST		**City and State:** WHITMORE LAKE, MI 48189	
Participation: MEDICAID ICF	**# of Beds:** 212	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
175	0	145

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	143	81.7	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	132	75.4	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	119	68.0	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	71.4	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	69.1	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	21.1	30.3	30.4
Completely bedfast residents.	2	1.1	1.1	2.8
Residents confined to chairs.	117	66.9	43.1	40.9
Residents requiring restraints.	82	46.9	39.4	30.9
Confused or disoriented residents.	64	36.6	64.1	55.4
Residents with bed sores.	19	10.9	6.4	4.8
Residents receiving special skin care.	98	56.0	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

WHITMORE LAKE, MI

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F129* F170 F172 F173* F174 F175 F176
F177 F178 F235 F236 F237* F260 F261 F287
F314 F315

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
APPLEWOOD NURSING CENTER INC

Street Address: 18500 VAN HORN RD		**City and State:** WOODHAVEN, MI 48183	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
145	29	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	77.9	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	137	94.5	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	125	86.2	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	100	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	128	88.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	10	6.9	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	22.8	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	86	59.3	54.6	52.3
Residents requiring restraints.	91	62.8	45.8	40.4
Confused or disoriented residents.	102	70.3	59.8	58.6
Residents with bed sores.	36	24.8	11.4	7.6
Residents receiving special skin care.	36	24.8	36.0	31.4

WOODHAVEN, MI

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F077 F134 F191* F219 F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTVIEW MANOR

Street Address: 625 36TH ST SW	**City and State:** WYOMING, MI 49509

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	80.8	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	61	78.2	87.2	84.0
Toileting				
Residents requiring some or total assistance in toileting.	60	76.9	78.1	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	75.6	79.7	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	59.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	1	1.3	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	23.1	38.6	39.1
Completely bedfast residents.	1	1.3	2.4	3.2
Residents confined to chairs.	21	26.9	54.6	52.3
Residents requiring restraints.	34	43.6	45.8	40.4
Confused or disoriented residents.	39	50.0	59.8	58.6
Residents with bed sores.	5	6.4	11.4	7.6
Residents receiving special skin care.	28	35.9	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEDILODGE OF YALE

Street Address: 90 JEAN ST		**City and State:** YALE, MI 48097	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	12	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	92.9	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	78	92.9	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	72	85.7	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	85.7	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	89.3	72.2	69.4
Residents on individually written bowel and bladder retraining program.	5	6.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	41	48.8	38.6	39.1
Completely bedfast residents.	1	1.2	2.4	3.2
Residents confined to chairs.	35	41.7	54.6	52.3
Residents requiring restraints.	65	77.4	45.8	40.4
Confused or disoriented residents.	3	3.6	59.8	58.6
Residents with bed sores.	7	8.3	11.4	7.6
Residents receiving special skin care.	48	57.1	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F131* F133* F169 F170 F174 F180 F256
F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BORTZ HEALTH CARE OF YPSILANTI

Street Address: 28 S PROSPECT AVE		**City and State:** YPSILANTI, MI 48198	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 6	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	58.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	84	79.2	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	80	75.5	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	66.0	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	67.0	72.2	69.4
Residents on individually written bowel and bladder retraining program.	2	1.9	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	48	45.3	38.6	39.1
Completely bedfast residents.	0	0.0	2.4	3.2
Residents confined to chairs.	78	73.6	54.6	52.3
Residents requiring restraints.	45	42.5	45.8	40.4
Confused or disoriented residents.	47	44.3	59.8	58.6
Residents with bed sores.	8	7.5	11.4	7.6
Residents receiving special skin care.	31	29.2	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	NOT MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	10	3.1	760	7.4
Food is stored, refrigorated, prepared, distributed, and served under sanitary conditions.	N/A	MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057 F058 F126 F128* F131* F132* F133* F134
F170 F175 F176 F181* F191* F206 F260 F264
F289 F293* F313* F319 F321 F323 F324* F328
F330 F340* F342 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EVERGREEN HILLS NURSING CENTER

Street Address: 1045 WARE CT		**City and State:** YPSILANTI, MI 48198	
Participation: MEDICAID ICF	**# of Beds:** 108	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	65.2	82.5	78.5
Dressing				
Residents requiring some or total assistance in dressing.	46	69.7	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	32	48.5	70.1	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	50.0	72.6	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	47.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	2	3.0	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	13.6	30.3	30.4
Completely bedfast residents.	0	0.0	1.1	2.8
Residents confined to chairs.	14	21.2	43.1	40.9
Residents requiring restraints.	12	18.2	39.4	30.9
Confused or disoriented residents.	62	93.9	64.1	55.4
Residents with bed sores.	3	4.5	6.4	4.8
Residents receiving special skin care.	20	30.3	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F128* F130 F132* F134 F175 F283 F285
F295 F314 F316 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GILBERT OLD PEOPLES HOME FOR YPSILANTI

Street Address: 203 S HURON ST	**City and State:** YPSILANTI, MI 48197

Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
29	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	75.9	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	28	96.6	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	24	82.8	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	79.3	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	89.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	34.5	30.3	30.4
Completely bedfast residents.	2	6.9	1.1	2.8
Residents confined to chairs.	16	55.2	43.1	40.9
Residents requiring restraints.	2	6.9	39.4	30.9
Confused or disoriented residents.	28	96.6	64.1	55.4
Residents with bed sores.	1	3.4	6.4	4.8
Residents receiving special skin care.	1	3.4	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	NOT MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F122* F134 F135 F170 F178 F224 F227 F236
F255 F260 F261 F262 F314 F316 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HAVEN PARK NH

Street Address: 285 N STATE ST	**City and State:** ZEELAND, MI 49464

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 153	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
139	10	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	132	95.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	134	96.4	87.2	84.0
Toileting Residents requiring some or total assistance in toileting.	115	82.7	78.1	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	90.6	79.7	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	67.6	72.2	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	65	46.8	38.6	39.1
Completely bedfast residents.	1	0.7	2.4	3.2
Residents confined to chairs.	49	35.3	54.6	52.3
Residents requiring restraints.	71	51.1	45.8	40.4
Confused or disoriented residents.	59	42.4	59.8	58.6
Residents with bed sores.	6	4.3	11.4	7.6
Residents receiving special skin care.	38	27.3	36.0	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.3	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	9	2.8	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.3	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	5	1.6	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	7	2.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	12	3.7	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	19	5.9	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	51	15.9	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	58	18.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	53	16.5	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	112	34.9	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	82	25.5	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	97	30.2	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	91	28.3	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	15	4.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	62	19.3	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	17	5.3	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	21	6.5	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	58	18.1	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	53	16.5	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	27	8.4	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	12	3.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	23	7.2	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	35	10.9	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	11.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	30	9.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	10	3.1	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	70	21.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F119 F126 F131* F132* F170 F176 F180
F182 F191* F224 F260 F261 F262 F263 F294
F324* F328 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HERITAGE HEALTHCARE CENTRE

Street Address: 320 CENTRAL AVE	**City and State:** ZEELAND, MI 49464

Participation: MEDICAID ICF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	86.8	82.5	78.5
Dressing Residents requiring some or total assistance in dressing.	36	94.7	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	26	68.4	70.1	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	71.1	72.6	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	84.2	64.6	59.1
Residents on individually written bowel and bladder retraining program.	1	2.6	3.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	44.7	30.3	30.4
Completely bedfast residents.	1	2.6	1.1	2.8
Residents confined to chairs.	10	26.3	43.1	40.9
Residents requiring restraints.	8	21.1	39.4	30.9
Confused or disoriented residents.	0	0.0	64.1	55.4
Residents with bed sores.	3	7.9	6.4	4.8
Residents receiving special skin care.	10	26.3	28.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	1	0.9	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	2	1.7	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	2	1.7	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	6	5.2	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	5	4.3	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	4	3.5	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	16	13.9	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	21	18.3	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	13	11.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	33	28.7	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	21	18.3	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	17	14.8	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	21	18.3	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	1	0.9	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	22	19.1	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	7	6.1	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	5	4.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	20	17.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	19	16.5	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	7	6.1	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	7	6.1	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	15	13.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	1	0.9	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	29	25.2	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F131* F133* F170 F174 F175 F199 F236
F237* F283 F286 F287 F314 F327 F328 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

PART B
MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REP[illegible]RT

LONG TERM CARE SURVEY

PROVIDER NUMBER

VENDOR NUMBER

SURVEY DATE

FACILITY NAME AND ADDRESS (*City, State, Zip Code*)

SURVEYORS' NAMES	TITLES

APPENDIX

SURVEY TEAM COMPOSITION

F1 Indicate the Number of Surveyors According to Disci[illegible]

A. ☐ Administrator
B. ☐ Nurse
C. ☐ Dietitian
D. ☐ Pharmacist
E. ☐ Records Administr[illegible]
F. ☐ Social Worke[illegible]
G. ☐ Quali[illegible] [illegible]tardation Professional

H. ☐ Life Safety Code Specialist
I. ☐ Laboratorian
J. ☐ Sanitarian
K. ☐ Therapist
L. ☐ Physician
M. ☐ Psychologist
N. ☐ Other

Note: Mo[illegible] than [illegible] o[illegible]line may be marked for surveyors qualified in multiple disciplines.

F[illegible] dicate [illegible]al Number of Surveyors Onsite: ____________________

(CONTINUED ON REVERSE)

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

PROVIDER NO. ________________

F3 ☐ MEDICARE ________ F4 ☐ MEDICAID ________ F5 ☐ OTHER ________ F6 TOTAL RESIDENTS ________

CODE		
		BATHING
F7	___	Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.
F8	___	Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.
F9	___	**TOTAL***
		DRESSING
F10	___	Number of residents totally dressed by another person.
F11	___	Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)
F12	___	Number of residents able to get clothes from closets and drawers-puts on clothes, outer garments, braces-manages fasteners. Act of tying shoes is excluded.
F13	___	**TOTAL***
		TOILETING
F14	___	Number of residents not toileted. (Use protective padding, catheter.)
F15	___	Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.
F16	___	Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.
F17	___	**TOTAL***
		TRANSFERRING
F18	___	Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).
F19	___	Number of residents needing assistance in transferring to toilet and tub only.
F20	___	Number of residents able to complete all transfers independently (may or may not be using mechanical supports).
F21	___	**TOTAL***

CODE		
		CONTINENCE
F22	___	Number of residents with indwelling or external catheters.
F23	___	Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans.
F24	___	Number of residents with urination and defecation entirely self-controlled.
F25	___	**TOTAL***
		FEEDING
F26	___	Number of residents who receive enteral/parenteral feedings.
F27	___	Number of residents who receive NG tube feedings.
F28	___	Number of residents who require assistance in act of eating.
F29	___	Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are *excluded* from evaluation).
F30	___	**TOTAL***
F31	___	Number of completely bedfast residents.
F32	___	Number of chairbound residents.
F33	___	Number of ambulatory residents (may use cane, walker, or crutches).
F34	___	Number of physically restrained residents (belt, vest, cuffs).
F35	___	Number of residents receiving psychotropic drugs.
F36	___	Number of confused or disoriented residents.
F37	___	Number of residents with decubiti.
F38	___	Number of residents on individually written bowel and bladder retraining program.
F39	___	Number of residents receiving special skin care.
F40	___	Number of residents receiving intravenous therapy and/or blood transfusion.
F41	___	Number of residents requiring no assistance in ADLs.
F42	___	Number of residents on self-administration of drugs.
F43	___	Number of resident with contractures.
F44	___	Number of residents receiving respiratory care.
F45	___	Number of residents receiving tracheostomy care.
F46	___	Number of residents receiving suctioning.
F47	___	Number of residents receiving rehabilitative services (physical therapy, speech pathology and audiology, occupational therapy).
F48	___	Number of residents receiving injections.
F49	___	Number of residents receiving colostomy care.

*MUST EQUAL TOTAL NUMBER OF RESIDENTS IN FACILITY

858

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	GOVERNING BODY *(CONDITION OF PARTICIPATION)*				
F50	SNF (405.1121) ☐ MET ☐ NOT MET				
	RESIDENT RIGHTS				
F51	SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for SNFs**				
F52	ICF (442.311) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for ICFs**				
	A. Information				
F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.				
F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F57	5. The resident must be informed in writing of all services and charges for services.				
F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	B. **Medical Condition and Treatment**			▨	
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.			▨	
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.			▨	
F62	3. Each resident is given an opportunity to refuse treatment.			▨	
F63	4. Each resident gives informed, written consent before participating in experimental research.			▨	
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.			▨	
	C. **Transfer and Discharge** Each resident is transferred or discharged only for:			▨	
F65	1. Medical reasons.			▨	
F66	2. His/her welfare or that of other residents.			▨	
F67	3. Nonpayment except as prohibited by the Medicare or Medicaid program.			▨	
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. **Exception: Not required for ICF residents.**				
	D. **Exercising Rights**			▨	
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.			▨	
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.			▨	

860

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				
	E. Financial Affairs				
F72	1. Residents are allowed to manage their own personal financial affairs.				
F73	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.				
F74	3. The facility does not commingle resident funds with any other funds.				
F75	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.				
	5. The facility system of accounting includes written receipts for:				
F76	All personal possessions and funds received by or deposited with the facility.				
F77	All disbursements made to or for the resident.				
F78	6. The financial record must be available to the resident and his/her family.				
	F. Freedom from Abuse and Restraints				
F79	1. Each resident is free from mental and physical abuse.				
F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				

861

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
F82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
F83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	G. **Privacy**				
F84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
F85	2. Each resident is given privacy during treatment and care of personal needs.				
F86	3. Each resident's records, including information in an automated data bank, are treated confidentially.				
F87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
F88	5. Married residents are given privacy during visits by their spouses.				
F89	6. Married residents are permitted to share a room.				
	H. **Work**				
F90	No resident may be required to perform services for the facility.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	I. Freedom of Association and Correspondence				
F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.				
F92	2. Each resident is allowed to send and receive personal mail unopened.				
	J. Activities				
F93	Each resident is allowed to participate in social, religious, and community group activities.				
	K. Personal Possessions				
F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.				
	L. Delegation of Rights and Responsibilities				
F95	ICF (442.312) (Standard) ☐ MET ☐ NOT MET				
F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.				
F97	2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	STAFF DEVELOPMENT				
F98	SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET				
F99	ICF (442.314) (Standard) ☐ MET ☐ NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.				
F101	2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.				
F102	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
	STATUS CHANGE NOTIFICATIONS				
F103	SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET				
F104	ICF (442.307) (Standard) ☐ MET ☐ NOT MET				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters.				
F106	2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICIANS' SERVICES *(CONDITION OF PARTICIPATION)*				
F107	SNF (405.1123) ☐ MET ☐ NOT MET				
	A. Medical Findings and Orders at Time of Admission				
F108	SNF (405.1123(a)) (Standard) ☐ MET ☐ NOT MET				
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.				
F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

865

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Resident Supervision by Physician				
F111	SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET				
F112	ICF (442.346) (Standard) ☐ MET ☐ NOT MET **Indicators B and C apply to this standard for ICFs**				
F113	1. Every resident must be under the supervision of a physician.				
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. **Exception: Not required for ICF residents**				
F115	3. A physician is available to provide care in the absence of any resident's attending physician.				
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. **Exception: Not required for ICF residents.**				
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. **Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.**				
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary. **Exception: Only medications must be reviewed quarterly for ICF residents.**				

866

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES/NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.				
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. **Exception: Not required for ICF residents.**				
F121	C. **Emergency Services** SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.			▨	
F123	**NURSING SERVICES *(CONDITION OF PARTICIPATION)*** SNF (405.1124) ☐ MET ☐ NOT MET	▨	▨	▨	
F124	SNF (405.1124(c)) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for SNFs.**	▨	▨	▨	
F125	ICF (442.338) ☐ MET ☐ NOT MET **Indicators A thru E apply to this standard for ICFs except where noted.**	▨	▨	▨	
F126	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day. 1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.			▨	

867

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.				
F128	3. Each resident receives care necessary to prevent skin breakdown.				
F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.				
F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.				
F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.				
F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.				
F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding				
F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.				

868

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F135	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.			▨	
F136	11. Adequate resident care supplies are available for providing treatments.			▨	
	B. Twenty-Four Hour Nursing Service				
F137	1. Nursing personnel,including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. **Exception: Not required for ICFs.**				
F138	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.) **Exception: Not required for Freestanding ICFs.**				
F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.			▨	
F140	4. There is a registered nurse on the day tour of duty 7 days a week. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Charge Nurse				
F141	SNF (405.1124(b)) (Standard) ☐ MET ☐ NOT MET				
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. **Exception: Not required for ICFs.**				
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. **Exception: Not required for ICFs.**				
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. **Exception: Not required for SNFs.**				

870

NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F145																					
	Entire Facility	F146																					
EVENING	DP	F147																					
	Entire Facility	F148																					
NIGHT	DP	F149																					
	Entire Facility	F150																					

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP																						
	Entire Facility																						
EVENING	DP																						
	Entire Facility																						
NIGHT	DP																						
	Entire Facility																						

NAME OF FACILITY

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F151																					
	Entire Facility	F152																					
EVENING	DP	F153																					
	Entire Facility	F154																					
NIGHT	DP	F155																					
	Entire Facility	F156																					

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

	CODE		RN	PN	A
DAY	F157	REPORT			
	F158	ACTUAL			
EVENING	F159	REPORT			
	F160	ACTUAL			
NIGHT	F161	REPORT			
	F162	ACTUAL			

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

	CODE	Unit			Unit			Unit			Unit			Unit			Unit			Unit		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	F163																					
EVENING	F164																					
NIGHT	F165																					
CENSUS	F166																					

872

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	D. **Patient Care Management**				
F167	SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET				
F168	ICF (442.341) (Standard) ☐ MET ☐ NOT MET				
F169	1. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.				
F170	2. Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner.				
	E. **Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.**				
F171	SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET				
F172	ICF (442.342) (Standard) ☐ MET ☐ NOT MET				
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.				
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include;				
F175	(a) Range of motion, ambulation, turning and positioning and other activities;				
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;				
F177	(c) Remotivation therapy and/or reality orientation when appropriate.				
F178	3. These activities are coordinated with other resident care services.				

873

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F179	**F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents.** SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.			▨	
F181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.			▨	
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.			▨	

874

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. **Administration of Drugs**				
F183	SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET				
F184	ICF (442.337) (Standard) ☐ MET ☐ NOT MET				
F185	1. The resident is identified prior to administration of a drug.				
F186	2. Drugs and biologicals are administered as soon as possible after doses are prepared.				
F187	3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.				
F188	**Exception: ICF residents may self administer medication only with their physician's permission.**				
	H. **Conformance with Physician Drug Orders**				
F189	SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET				
F190	ICF (442.334) (Standard) ☐ MET ☐ NOT MET				
F191	Drugs are administered in accordance with written orders of the attending physician.				
F192	Drug Error Rate ___________% (See Form HCFA-522)				

875

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	DIETETIC SERVICES *(CONDITION OF PARTICIPATION)*				
F193	SNF (405.1125) ☐ MET ☐ NOT MET				
F194	ICF (442.332) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for ICFs.				
	A. **Menus and Nutritional Adequacy**				
F195	SNF (405.1125(b)) (Standard) ☐ MET ☐ NOT MET				
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.				
	B. **Therapeutic Diets**				
F197	SNF (405.1125(c)) (Standard) ☐ MET ☐ NOT MET				
F198	1. Therapeutic diets are prescribed by the attending physician.				
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.				
F200	Number of Regular Diets__________				
F201	Number of Therapeutic Diets__________				
F202	Number of Mechanically Altered Diets __________				
F203	Number of Tube Feedings__________				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. **Preparation**				
F204	SNF (405.1125(e)) (Standard) ☐ MET ☐ NOT MET				
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.				
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.				
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.				
	D. **Frequency**				
F208	SNF (405.1125(d)) (Standard) ☐ MET ☐ NOT MET				
F209	ICF (442.331) (Standard) ☐ MET ☐ NOT MET				
F210	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.				
F211	2. To the extent medically possible, bedtime nourishments are offered to all residents. **Exception: Not required for ICF Residents.**				
	E. **Staffing**				
F212	SNF (405.1125.(a)) (Standard) ☐ MET ☐ NOT MET				
F213	1. Food service personnel are on duty daily over a period of 12 or more hours.				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F214	**SPECIALIZED REHABILITATIVE SERVICES *(CONDITION OF PARTICIPATION)*** SNF (405.1126) ☐ MET ☐ NOT MET				
F215	SNF (405.1126(b)) (Standard) ☐ MET ☐ NOT MET				
F216	ICF (442.343) (Standard) ☐ MET ☐ NOT MET				
F217	A. **Plan of Care** Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.				
F218	B. **Therapy** Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.				
F219	C. **Progress** 1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. **Exception: ICF resident's progress must be reviewed regularly.**				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. **Exceptions: ICF residents' plans must be revised as necessary.**			▨	
	PHARMACEUTICAL SERVICES *(CONDITION OF PARTICIPATION)*	▨	▨	▨	
F221	SNF (405.1127) ☐ MET ☐ NOT MET	▨	▨	▨	
	A. **Supervision**	▨	▨	▨	
F222	SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
F223	ICF (442.336) (Standard) ☐ MET ☐ NOT MET	▨	▨	▨	
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.			▨	

879

NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Labeling of Drugs and Biologicals				
F225	SNF (405.1127(c)) (Standard) ☐ MET ☐ NOT MET				
F226	ICF (442.333) (Standard) ☐ MET ☐ NOT MET				
F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessary and cautionary instructions as well as an expiration date when applicable.				
	LABORATORY AND RADIOLOGIC SERVICES *(CONDITION OF PARTICIPATION)*				
F228	SNF (405.1128) ☐ MET ☐ NOT MET				
F229	SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET				
	Provision of Services				
F230	1. All services are provided only on the orders of a physician.				
F231	2. The attending physician is notified promptly of diagnostic findings.				
F232	3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.				

280

NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	SOCIAL SERVICES *(CONDITION OF PARTICIPATION)*				
F233	SNF (405.1130) ☐ MET ☐ NOT MET				
F234	SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET				
F235	ICF (442.344) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan**				
F236	The medically related social and emotional needs of the resident are identified.				
	B. **Provision of Services**				
F237	Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	ACTIVITIES *(CONDITION OF PARTICIPATION)*				
F239	SNF(405.1131) ☐ MET ☐ NOT MET				
	Provision of Services				
F240	SNF (405.1131(b)) (Standard) ☐ MET ☐ NOT MET				

881

NAME OF FACILITY

CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F241	ICF (442.345) (Standard) ☐ MET ☐ NOT MET				
F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.				
F243	2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program.				
F244	3. The activities promote the physical, social and mental well-being of the resident.				
F245	4. Equipment is maintained in good working order.				
F246	5. Supplies and equipment are available.				

882

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	MEDICAL RECORDS *(CONDITION OF PARTICIPATION)*				
F247	SNF (405.1132) ☐ MET ☐ NOT MET				
	Content				
F248	SNF (405.1132(c)) (Standard) ☐ MET ☐ NOT MET				
F249	ICF (442.318) (Standard) ☐ MET ☐ NOT MET				
F250	1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.				

883

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	2. The medical record contains the following information:				
F251	a. Identification information				
F252	b. Admission data including past medical and social history				
F253	c. Transfer form, discharge summary from any transferring facility				
F254	d. Report of resident's attending physician				
F255	e. Report of physical examinations				
F256	f. Reports of physicians' periodic evaluations and progress notes				
F257	g. Diagnostic reports and therapeutic orders				
F258	h. Reports of treatments				
F259	i. Medications administered				
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.				
F261	k. Assessments and goals of each service's plan of care				
F262	l. Treatments and services rendered				
F263	m. Progress notes				
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.				

NAME OF FACILITY

CODE	TRANSFER AGREEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	TRANSFER AGREEMENT *(CONDITION OF PARTICIPATION)*				
F265	SNF (405.1133) ☐ MET ☐ NOT MET				
F266	SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET				
F267	ICF (442.316) (Standard) ☐ MET ☐ NOT MET				
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.				
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.				

885

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICAL ENVIRONMENT *(CONDITION OF PARTICIPATION)*				
F270	SNF (405.1134) ☐ MET ☐ NOT MET				
	A. **Nursing Unit**				
F271	SNF (405.1134(d)) (Standard) ☐ MET ☐ NOT MET				
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.				
F273	2. Utility and storage rooms are adequate in size.				
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.				
	B. Dining and Activities Area				
F275	SNF (405.1134(g) (Standard) ☐ MET ☐ NOT MET				
F276	ICF (442.329) (Standard) ☐ MET ☐ NOT MET				
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.				
F278	2. Dining and activity rooms are well lighted and ventilated.				
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F280	SNF (405.1134(e)) (Standard) ☐ MET ☐ NOT MET **Indicators C and D apply to this standard for SNFS.**				
	C. Resident Rooms				
F281	ICF (442.325) (Standard) ☐ MET ☐ NOT MET				
F282	1. Single resident rooms have at least 100 square feet.				
F283	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.				
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.				
F285	4. There is capability of maintaining privacy in each.				
F286	5. There is adequate storage space for each resident.				
F287	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.				
F288	7. The resident call system functions in resident rooms.				
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.				
F290	9. Each room is at or above grade level.				
F291	10. Each room has direct access to a corridor and outside exposure. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Toilet and Bath Facilities				
F292	ICF (442.326) (Standard) ☐ MET ☐ NOT MET				
F293	1. Facilities are clean, sanitary and free of odors.				
F294	2. Facilities have safe and comfortable hot water temperatures.				
F295	3. Facilities maintain privacy.				
F296	4. Facilities have grab bars and other safeguards against slipping.				
F297	5. Facilities have fixtures in good condition.				
F298	6. The resident call system functions in toilet and bath facilities.				
	E. Social Service Area				
F299	SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET				
F300	1. Ensures privacy for social service interviewing.				
F301	2. Adequate space for clerical and interviewing functions is provided.				
F302	3. Facilities are easily accessible to residents and staff.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F. **Therapy Areas**				
F303	SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET				
F304	ICF (442.328(a)) ☐ MET ☐ NOT MET				
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.				
F306	2. Equipment is safe and in proper working condition.				
	G. **Facilities for Special Care**				
F307	SNF (405.1134(f)) (Standard) ☐ MET ☐ NOT MET				
F308	ICF (442.328(b)) ☐ MET ☐ NOT MET				
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.				
F310	2. Precautionary signs are used to identify these rooms when in use.				
	H. **Common Resident Areas**				
F311	SNF (405.1134(j)) (Standard) ☐ MET ☐ NOT MET				
F312	ICF (442.324) (Standard) ☐ MET ☐ NOT MET				
F313	1. All common resident areas are clean, sanitary and free of odors.				
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.				
F315	3. There is limitation of sounds at comfort levels.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained.				
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
F320	I. **Maintenance of Building and Equipment** SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.331(b)) ☐ MET ☐ NOT MET **Indicators J thru L apply to ICFs.**				
F326	J. **Dietetic Service Area** SNF (405.1134(h)) (Standard) ☐ MET ☐ NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents.				
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

890

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
F329	K. **Hygiene of Dietary Staff** SNF (405.1125(f)) (Standard) ☐ MET ☐ NOT MET				
F330	1. Dietetic service personnel practice hygienic food handling techniques.				
F331	L. **Dietary Sanitary Conditions** SNF (405.1125(g)) (Standard) ☐ MET ☐ NOT MET				
F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
F333	2. Waste is disposed of properly.				
F334	M. **Emergency Power** SNF (405.1134(b)) (Standard) ☐ MET ☐ NOT MET				
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.				
F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
	INFECTION CONTROL *(CONDITION OF PARTICIPATION)*				
F338	SNF (405.1135) ☐ MET ☐ NOT MET				
F339	A. **Infection Control** SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET				
F340	Aseptic and isolation techniques are followed by all personnel.				

NAME OF FACILITY

CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F341	**B. Sanitation** SNF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.				
F343	**C. Linen** SNF (405.1135(d) (Standard) ☐ MET ☐ NOT MET				
F344	ICF (442.327) (Standard) ☐ MET ☐ NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
F346	2. Linens are handled; stored, processed, and transported in such a manner as to prevent the spread of infection.				
F347	**D. Pest Control** SNF (405.1135(e)) (Standard) ☐ MET ☐ NOT MET				
F348	ICF (442.315(c)) (Standard) ☐ MET ☐ NOT MET				
F349	1. The facility is maintained free from insects and rodents.				
F350	**DISASTER PREPAREDNESS *(CONDITION OF PARTICIPATION)*** SNF (405.1136) ☐ MET ☐ NOT MET				
F351	SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET				
F352	ICF (442.313) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for ICFs.**				
F353	**A. Disaster Plan** 1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.				

812

NAME OF FACILITY

CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F354	2. Facility staff are knowledgeable about evacuation routes.				
F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
F356	4. Facility staff are aware of methods of containing fire.				
	B. Drills				
F357	SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET				
F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

Form HCFA-519 (7-88)

893

SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B

CRUCIAL DATA EXTRACT

(To be used with 7-88 Revision of Form HCFA-519)

PROVIDER NO.	FACILITY NAME	SURVEY DATE

SURVEY TEAM COMPOSITION

*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

A.	______	ADMINISTRATOR	H.	______	LIFE SAFETY CODE SPECIALIST
B.	______	NURSE	I.	______	LABORATORIAN
C.	______	DIETITIAN	J.	______	SANITARIAN
D.	______	PHARMACIST	K.	______	THERAPIST
E.	______	RECORDS ADMINISTRATOR	L.	______	PHYSICIAN
F.	______	SOCIAL WORKER	M.	______	PSYCHOLOGIST
G.	______	QUALIFIED MENTAL RETARDATION PROFESSIONAL	N.	______	OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: ____

*F193: DRUG ERROR RATE: ______% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)

Traditional Survey (1) ☐

New LTC Survey (2) ☐

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

*Mandatory

*U.S.GOVERNMENT PRINTING OFFICE:1990-258-751

894